Status of Recruitment Resources and Strategies Executive Summary and Appendices



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EXECUTIVE SUMMARY

Alaskan health care employers, professionals and policy makers have a tacit understanding of the challenges to recruit health care providers in Alaska. However, these difficulties have never before been systematically quantified.

As a measure of awareness and concern, the Alaska Department of Health and Social Services, Primary Care and Rural Health Unit, contracted with the Alaska Center for Rural Health, University of Alaska Anchorage, to conduct a statewide assessment of rural recruitment resources, strategies and costs. The Primary Care and Rural Health Unit initiated the project partially in response to expectations of their Alaska Primary Care Office, Alaska Office of Rural Health, and Rural Hospital Flexibility programs. ACRH conducted telephone surveys to collect data on strategies used by 76 small hospitals, rural clinics, and rural mental health centers (henceforth "rural health care facilities") to recruit physical, behavioral, and oral health providers. ACRH also documented the costs associated with recruiting these professionals.

The analyzed information will allow the State of Alaska and other Alaskan entities to identify strategies for better coordination and integration of rural recruitment practices.

Key findings include:

- Rural health care facilities spent over \$12,000,000 in the last year on the combined recruitment of physicians, pharmacists, midlevel providers, nurses, dentists, hygienists, psychiatrists, clinical psychologists, masters-level therapists, and LCSWs. Due to reporting limitations, another \$7,000,000 could not be included in this figure.
- Excluding the cost of locums and training for new recruits, the average cost-per-hire for rural Alaska was \$28,000. Including training and the cost of locums and travelers to support the facility while waiting for a new hire drove the cost up to \$38,000 per hire.
- Word of mouth was often emphasized as the best recruitment tool. As an example of this, current staff were often the best resource for recruiting other providers.
- Websites and other internet resources, as well as newspaper advertising were highly rated as "most effective" method of recruitment. Interestingly, websites and other internet resources, as well as newspaper advertising, were highly rated as both the "most effective" and "least effective" method of recruitment. Open ended comments reveal that these resources are can be useful when it is appropriately targeted, but indiscriminate advertising can be a waste of money.
- Word of mouth, advertising in newspapers, and on websites were reported to be the
 most common methods used by rural Alaska health care facilities to market vacant
 positions. Newspaper advertising was used commonly across the board, but was
 used particularly frequently in the recruitment of LCSWs (81%) and Masters Level

Therapists (81%). The majority of facilities also used websites, and many advertised in journals.

Respondents emphasized the difficulty of identifying candidates that were applicable
to their organization. Many articulated that their recruitment efforts could be improved
if there was a centralized pool of candidates available.

Recommendations from surveyed rural health care employers included the belief that their organizations would benefit from:

- 1. Using newspapers and websites that target providers interested in rural and underserved employment.
- 2. Investing more effort in identifying appropriate advertising venues that elicit more appropriate position respondents;
- 3. Analyzing their recruitment strategies and comparing them to those strategies identified as most effective; and
- 4. Analyzing what they spend on recruitment in comparison to other entities and whether these expenditures were invested in the most effective recruitment strategies. If they are not, they should be clear about why strategies were employed at each facility.
- 5. Coordinating the formation of a statewide clearinghouse for recruitment. The collaborative would facilitate identification of appropriate candidates and possibly provide background screening. It could be web-based, and link to websites of participating organizations, thus facilitating the flow of information about different organizations and their communities. As a result, internal recruitment efforts could be stream-lined and, hopefully, result in faster turnaround for facilities in need.

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Demographics

Organization Type		
	number	%
Non-Tribal Hospital	10	13%
Regional Tribal Health Organization	13	17%
Independent Tribal Health Organization	16	21%
Community Health Center	10	13%
Private Rural Health Clinic	8	11%
Mental/Behavioral Health or Substance Abuse	19	25%
Total	76	100%

Organization Size		
	number	%
Under 10 employees	18	24%
10 – 49 employees	33	43%
50 employees and over	25	33%
Total	76	100%

Region	Region									
	number	%								
Southeast	19	25%								
Southcentral	35	46%								
Southwest	4	5%								
Northern	4	5%								
Interior	11	14%								
Aleutian	3	4%								
Total	76	100%								

Average Number of Dedicated HR Staff/Recruiting	ng Staff
Overall	1.97
Regional	
Southeast	1.42
Southcentral	1.20
Southwest	7.75
Northern	7.50
Interior	1.00
Aleutian	3.00
Organization Size	
Under 10 employees	0.56
10 – 49 employees	1.24
50 employees and over	3.96
Organization Type	
Non-Tribal Hospital	1.90
Regional Tribal Health Organization	5.85
Independent Tribal Health Organization	1.31
Community Health Center	1.00
Private Rural Health Clinic	2.00
Independent Tribal/CHC	1.67
Mental/Behavioral Health or Substance Abuse	0.37

Recruitment Strategies Used

Recruiting Strategies Used: by Organ	nization Type													
							Independent			D				
	Total	0/	Hospita		-		THO	0/	CHC	0/		te Clinic	Mental	
Lab Manhatina Otratania	n=76	%	n=10	%	n=13	%	n=16	%	n=10	%	n=8	%	n=19	%
Job Marketing Strategies														
Word of mouth/networking	70	92%	7	70%	13	100%	16	100%	9	90%	7	88%	18	959
Newspaper ads	61	80%	7	70%	12	92%	12	75%	6	60%	5	63%	19	100
Websites (including State of AK site)	60	79%	9	90%	11	85%	10	63%	8	80%	6	75%	16	849
Journal ads	40	53%	8	80%	10	77%	5	31%	6	60%	4	50%	7	379
ANTHC recruiting program	22	29%	0	0%	12	92%	8	50%	1	10%	0	0%	1	5%
Job fairs	19	25%	4	40%	4	31%	4	25%	2	20%	2	25%	3	16
Professional recruiting firm	18	24%	7	70%	3	23%	2	13%	3	30%	2	25%	1	5%
Direct mail	12	16%	2	20%	4	31%	2	13%	2	20%	2	25%	0	0%
Community involvement	11	15%	1	10%	1	8%	6	38%	1	10%	1	13%	1	5%
Visa waiver program	4	5%	2	20%	0	0%	1	6%	1	10%	0	0%	0	0%
Financial Incentives Used														
Financial assistance-relocation	49	65%	8	80%	11	85%	9	56%	8	80%	3	38%	10	53
Emphasize retirement benefits	45	59%	8	80%	10	77%	8	50%	4	40%	4	50%	11	58
Emphasize competitive wages	43	57%	7	70%	10	77%	8	50%	5	50%	3	38%	10	53
Emphasize medical benefits	28	37%	7	70%	10	77%	12	75%	4	40%	4	50%	12	63
State/federal loan repayment	27	36%	1	10%	10	77%	11	69%	2	20%	1	13%	2	11
Sign on bonuses	20	26%	6	60%	5	38%	3	19%	2	20%	2	25%	1	5%
Financial assistance-housing	19	25%	3	30%	4	31%	6	38%	2	20%	1	13%	3	16
Other Loan repayment program	4	5%	1	10%	0	0%	0	0%	2	20%	0	0%	1	5%
Practice Benefits Used														
Positive working environment	60	79%	8	80%	10	77%	12	75%	8	80%	5	63%	17	899
Emphasize time off/vacation perks	55	72%	7	70%	12	92%	13	81%	7	70%	4	50%	12	639
Mission of the organization	54	71%	8	80%	10	77%	11	69%	8	80%	5	63%	12	63
Emphasize CE benefits	49	65%	7	70%	10	77%	10	63%	7	70%	4	50%	11	58
Emphasize well-equipped facility	39	51%	8	80%	8	62%	9	56%	5	50%	3	38%	6	32
Emphasize creative scheduling	36	47%	3	30%	7	54%	10	63%	6	60%	2	25%	8	42
Emphasize limited on call	29	38%	5	50%	4	31%	7	44%	3	30%	3	38%	7	37
Availability of specialists	23	30%	4	40%	5	38%	6	38%	2	20%	2	25%	4	21
Emphasize telehealth availability	23	30%	2	20%	9	69%	9	56%	2	20%	0	0%	1	5%
Mentorship/orientation period	20	26%	3	30%	4	31%	3	19%	2	20%	2	25%	6	32
Emphasize locum relief	11	15%	2	20%	5	38%	1	6%	2	20%	1	13%	0	0%
Family/Community Strategies														
Rural lifestyle	69	91%	9	90%	12	92%	14	88%	9	90%	8	100%	17	89
Good community	60	79%	9	90%	10	77%	15	94%	9	90%	5	63%	12	63

Community need	55	72%	9	90%	8	62%	12	75%	6	60%	7	88%	13	68%
Assistance finding housing	37	49%	6	60%	9	69%	8	50%	6	60%	1	13%	7	37%
Educational opportunities for child	29	38%	7	70%	6	46%	3	19%	4	40%	4	50%	5	26%
Job search assistance for spouse	19	25%	4	40%	2	15%	5	31%	2	20%	3	38%	3	16%
Interview Strategies Used														
Introductions/spend time with staff	63	83%	9	90%	11	85%	13	81%	9	90%	5	63%	16	84%
Onsite visit	60	79%	8	80%	11	85%	12	75%	8	80%	5	63%	16	84%
Arrange tour of community	58	76%	9	90%	10	77%	13	81%	8	80%	3	38%	15	79%
Accommodation arrangements	55	72%	8	80%	11	85%	12	75%	7	70%	5	63%	12	63%
Introductions to community members	44	58%	8	80%	5	38%	12	75%	6	60%	1	13%	12	63%
Arrange recreational activities	39	51%	8	80%	6	46%	7	44%	8	80%	2	25%	8	42%
Invite family to onsite interview	34	45%	8	80%	6	46%	9	56%	3	30%	3	38%	5	26%

Recruitment Strategies Used: by Organia	zation Size							
	Total	Total		10	10 - 49	1	50 and	over
	n=76	%	n=18	%	n=33	%	n=25	%
Job Marketing Strategies								
Word of mouth/networking	70	92%	18	100%	30	91%	22	88%
Newspaper ads	61	80%	14	78%	27	82%	20	80%
Websites (including State of AK site)	60	79%	13	72%	26	79%	21	84%
Journal ads	40	53%	6	33%	12	36%	22	88%
Community involvement	22	29%	6	33%	3	9%	2	8%
ANTHC recruiting program	19	25%	5	28%	8	24%	9	36%
Job fairs	18	24%	3	17%	6	18%	10	40%
Professional recruiting firm	12	16%	2	11%	6	18%	10	40%
Direct mail	11	15%	2	11%	4	12%	6	24%
Visa waiver program	4	5%	1	6%	2	6%	1	4%
Financial Incentives								
Emphasize medical benefits	49	65%	11	61%	19	58%	19	76%
Financial assistance-relocation	45	59%	10	56%	19	58%	20	80%
Emphasize competitive wages	43	57%	8	44%	15	45%	20	80%
State/federal loan repayment	28	37%	8	44%	8	24%	11	44%
Emphasize retirement benefits	27	36%	8	44%	17	52%	20	80%
Sign on bonuses	20	26%	4	22%	5	15%	11	44%
Financial assistance-housing	19	25%	4	22%	7	21%	8	32%

Loan repayment program	4	5%	1	6%	2	6%	1	4%
Practice Benefits								
Emphasize time off/vacation perks	60	79%	14	78%	20	61%	21	84%
Emphasize creative scheduling	55	72%	13	72%	13	39%	10	40%
Positive working environment	54	71%	12	67%	27	82%	21	84%
Emphasize CE benefits	49	65%	11	61%	20	61%	18	72%
Mission of the organization	39	51%	10	56%	25	76%	19	76%
Emphasize telehealth availability	36	47%	7	39%	7	21%	9	36%
Emphasize well-equipped facility	29	38%	7	39%	15	45%	17	68%
Emphasize limited on call	23	30%	6	33%	14	42%	9	36%
Availability of specialists	23	30%	4	22%	8	24%	11	44%
Emphasize locum relief	20	26%	3	17%	2	6%	6	24%
Mentorship/orientation period	11	15%	3	17%	6	18%	11	44%
Family and Community Strategies								
Rural lifestyle	69	91%	17	94%	29	88%	23	92%
Good community	60	79%	16	89%	21	64%	16	64%
Community need	55	72%	11	61%	25	76%	19	76%
Assistance finding housing	37	49%	10	56%	12	36%	15	60%
Educational opportunities for child	29	38%	5	28%	11	33%	13	52%
Job search assistance for spouse	19	25%	4	22%	9	27%	6	24%
Interview Strategies								
Arrange tour of community	63	83%	15	83%	22	67%	21	84%
Introductions/spend time with staff	60	79%	15	83%	26	79%	22	88%
Onsite visit	58	76%	13	72%	26	79%	21	84%
Introductions to community members	55	72%	13	72%	18	55%	13	52%
Accommodation arrangements	44	58%	12	67%	21	64%	22	88%
Invite family to onsite interview	39	51%	9	50%	10	30%	15	60%
Arrange recreational activities	34	45%	9	50%	16	48%	14	56%

Recruiting Strategies Used: by	Provider ⁻	Гуре									
	Total	Physician	Pharmacist	Midlevel	RN	Dentist	Hygienist	Psychiatrist	Clinical Psychologist	LCSW	MLT
	n=76	n=36	n=16	n=47	n=39	n=16	n=12	n=12	n=13	n=31	n=41
Job Marketing Strategies											
Word of mouth/networking	92%	86%	94%	98%	87%	100%	100%	83%	92%	97%	86%
Newspaper ads	80%	50%	63%	70%	62%	69%	75%	67%	77%	81%	81%
Websites (including State of AK site)	79%	61%	63%	72%	64%	81%	67%	83%	69%	81%	73%
Journal ads	53%	50%	75%	49%	49%	38%	25%	58%	62%	42%	33%
ANTHC recruiting program	29%	28%	56%	43%	18%	56%	58%	42%	46%	32%	26%
Job fairs	25%	22%	44%	17%	31%	19%	8%	17%	23%	26%	14%
Professional recruiting firm	24%	42%	31%	9%	13%	19%	8%	25%	8%	10%	7%
Direct mail	16%	25%	19%	11%	10%	13%	8%	17%	15%	6%	2%
Community involvement	15%	11%	6%	17%	8%	6%	8%	8%	8%	10%	5%
Visa waiver program	5%	6%	6%	0%	3%	0%	0%	0%	0%	0%	0%
Financial Incentives Used											
Financial assistance-relocation	65%	75%	75%	62%	62%	75%	67%	83%	77%	58%	60%
Emphasize retirement benefits	59%	56%	75%	60%	56%	50%	67%	58%	54%	71%	64%
Emphasize competitive wages	57%	67%	75%	51%	59%	69%	75%	92%	85%	42%	48%
Emphasize medical benefits	37%	58%	81%	68%	62%	63%	67%	67%	62%	74%	67%
State/federal loan repayment	36%	28%	38%	47%	21%	56%	33%	42%	54%	26%	24%
Sign on bonuses	26%	36%	31%	19%	23%	19%	0%	25%	15%	16%	12%
Financial assistance-housing	25%	31%	44%	30%	26%	38%	33%	33%	23%	19%	24%
Other Loan repayment program	5%	8%	6%	2%	5%	0%	0%	0%	0%	3%	5%
Practice Benefits Used											
Positive working environment	79%	78%	94%	74%	82%	81%	75%	92%	92%	94%	83%
Emphasize time off/vacation perks	72%	69%	100%	74%	69%	81%	75%	83%	77%	77%	67%
Mission of the organization	71%	78%	88%	72%	72%	81%	83%	83%	62%	81%	67%
Emphasize CE benefits	65%	64%	63%	66%	59%	56%	58%	58%	62%	61%	60%
Emphasize well-equipped facility	51%	61%	56%	51%	54%	38%	33%	67%	54%	52%	36%
Emphasize creative scheduling	47%	39%	31%	47%	33%	31%	25%	25%	46%	32%	36%
Emphasize limited on call	38%	36%	6%	28%	18%	0%	0%	42%	31%	32%	26%
Availability of specialists	30%	39%	19%	36%	21%	25%	25%	25%	38%	23%	17%
Emphasize telehealth availability	30%	31%	19%	38%	15%	25%	17%	33%	31%	23%	14%
Mentorship/orientation period	26%	22%	25%	19%	28%	13%	17%	17%	31%	35%	21%
Emphasize locum relief	15%	19%	19%	17%	3%	6%	8%	17%	8%	3%	2%
Family/Community Strategies											
Rural lifestyle	91%	89%	94%	89%	92%	81%	75%	100%	85%	97%	86%

Good community	79%	81%	88%	83%	85%	75%	67%	92%	85%	84%	69%
Community need	72%	75%	69%	68%	77%	44%	33%	83%	69%	74%	69%
Assistance finding housing	49%	53%	75%	51%	46%	56%	42%	42%	62%	42%	43%
Educational opportunities for child	38%	53%	63%	40%	51%	56%	58%	58%	38%	39%	33%
Job search assistance for spouse	25%	36%	25%	21%	23%	31%	8%	25%	15%	19%	14%
Interview Strategies Used											
Onsite visit	79%	83%	81%	66%	49%	94%	58%	92%	77%	71%	71%
Introductions/spend time with staff	83%	86%	88%	81%	56%	94%	58%	92%	85%	84%	76%
Arrange tour of community	76%	78%	81%	70%	46%	75%	50%	83%	77%	68%	67%
Accommodation arrangements	72%	83%	81%	64%	38%	88%	50%	92%	77%	55%	60%
Introductions to community members	58%	47%	31%	45%	21%	38%	8%	33%	23%	39%	48%
Arrange recreational activities	51%	61%	56%	45%	31%	38%	17%	42%	38%	32%	36%
Invite family to onsite interview	45%	56%	56%	38%	28%	44%	25%	50%	38%	16%	26%

Most Effective Strategies (Open Answers)

Most Effective Strategies: by O	rganization Typ	ре												
<u> </u>			Non-trik				Indepe	ndent			Priva			
	All facil	ities	Hospita	ıl	Region	al THO	THO		CHC		Clinic		Mental	Health
	n=76	%	n=10	%	n=13	%	n=16	%	n=10	%	n=8	%	n=19	%
Websites	21	28%	3	30%	4	31%	3	19%	3	30%	2	25%	6	32%
Word of mouth	20	26%	2	20%	3	23%	5	31%	3	30%	1	13%	6	32%
Newspapers	12	16%	0	0%	1	8%	4	25%	4	40%	3	38%	3	16%
Emphasize quality of rural life	8	11%	0	0%	1	8%	1	6%	2	20%	0	0%	4	21%
Financial/benefit incentives	7	9%	1	10%	4	31%	1	6%	0	0%	0	0%	1	5%
Temporary to full-time	6	8%	1	10%	0	0%	1	6%	1	10%	1	13%	2	11%
Good work environment	5	7%	0	0%	1	8%	1	6%	1	10%	1	13%	1	5%
Onsite visit	5	7%	0	0%	0	0%	4	25%	0	0%	0	0%	1	5%
Professional association	5	7%	0	0%	2	15%	2	13%	0	0%	1	13%	0	0%
ANTHC	4	5%	1	10%	2	15%	0	0%	0	0%	0	0%	1	5%
Journals	4	5%	0	0%	0	0%	1	6%	2	20%	0	0%	1	5%
Emphasizing loan repayment	3	4%	0	0%	0	0%	3	19%	0	0%	0	0%	0	0%
Emphasize career potential	2	3%	1	10%	0	0%	0	0%	1	10%	0	0%	0	0%
Emphasize need	2	3%	1	10%	0	0%	0	0%	1	10%	0	0%	0	0%
Good follow-up w/ candidates	2	3%	0	0%	0	0%	0	0%	2	20%	0	0%	0	0%
Job Fairs	2	3%	0	0%	0	0%	1	6%	0	0%	1	13%	0	0%
Leave benefits	2	3%	1	10%	1	8%	0	0%	0	0%	0	0%	0	0%
Recruiter	2	3%	1	10%	1	8%	0	0%	0	0%	0	0%	0	0%
Well-equipped facility	2	3%	0	0%	2	15%	0	0%	0	0%	0	0%	0	0%
Other	9	12%	2	20%	2	15%	2	13%	1	10%	2	25%	0	0%
Don't know/no answer	3	4%	0	0%	1	8%	0	0%	0	0%	0	0%	2	11%

Most Effective Strategies: by Org	janization Size)						
	All facil	ities	Under	10	10 - 49		50 and	over
	n=76	%	n=18	%	n=33	%	n=25	%
Websites	21	28%	3	17%	10	30%	8	32%
Word of mouth	20	26%	7	39%	9	27%	4	16%
Newspapers	12	16%	3	17%	9	27%	0	0%
Emphasize quality of rural life	8	11%	2	11%	4	12%	2	8%
Financial/benefit incentives	7	9%	1	6%	2	6%	4	16%
Temporary to full-time	6	8%	0	0%	4	12%	2	8%
Professional association	5	7%	2	11%	0	0%	3	12%
Onsite visit	5	7%	3	17%	2	6%	0	0%
Good work environment	5	7%	1	6%	3	9%	1	4%
Journals	4	5%	3	17%	1	3%	0	0%
ANTHC	4	5%	1	6%	0	0%	3	12%
Emphasizing loan repayment	3	4%	3	17%	0	0%	0	0%
Leave benefits	2	3%	0	0%	0	0%	2	8%
Job Fairs	2	3%	1	6%	1	3%	0	0%
Good follow-up w/ candidates	2	3%	0	0%	2	6%	0	0%
Recruiter	2	3%	0	0%	2	6%	0	0%
Emphasize need	2	3%	1	6%	0	0%	1	4%
Emphasize career potential	2	3%	1	6%	0	0%	1	4%
Well-equipped facility	2	3%	0	0%	0	0%	2	8%
Other	9	12%	1	6%	6	18%	2	8%
Don't know/no answer	3	4%	0	0%	1	3%	2	8%

Least Effective Strategies (Open Answers)

Least Effective Strategies: by Organiz	ation T	уре												
			Non-trik	oal			Indepe	ndent			Priva	te		
	All facil	ities	Hospita	ıl	Region	al THO	THO		CHC		Clinic	;	Mental	Health
	n=76	%	n=10	%	n=13	%	n=16	%	n=10	%	n=8	%	n=19	%
Newspapers	24	32%	5	50%	3	23%	4	25%	4	40%	1	13%	7	37%
Websites	12	16%	0	0%	1	8%	3	19%	3	30%	1	13%	4	21%
Journals	10	13%	4	40%	1	8%	2	13%	0	0%	1	13%	2	11%
Professional recruiting firms	5	7%	0	0%	1	8%	1	6%	1	10%	0	0%	2	11%
Recruiting "Outside"	3	4%	0	0%	1	8%	1	6%	0	0%	0	0%	1	5%
Onsite visits	2	3%	0	0%	1	8%	0	0%	1	10%	0	0%	0	0%
Emphasizing location	2	3%	0	0%	1	8%	0	0%	0	0%	0	0%	1	5%
Local recruitment	2	3%	0	0%	0	0%	0	0%	0	0%	1	13%	1	5%
Financial/benefit incentives	2	3%	0	0%	0	0%	0	0%	1	10%	1	13%	0	0%
Recruiting is not a problem	2	3%	0	0%	0	0%	1	6%	0	0%	0	0%	1	5%
Other	4	5%	1	10%	2	15%	1	6%	0	0%	0	0%	0	0%
Don't know/no answer	18	24%	2	20%	3	23%	5	31%	2	20%	3	38%	3	16%

Least Effective Strategies: by O	rganization S	ize						
	All faci	lities	Under	10	10 - 49		50 and	over
	n=76	%	n=18	%	n=33	%	n=25	%
Newspapers	24	32%	6	33%	10	30%	8	32%
Websites	12	16%	3	17%	6	18%	3	12%
Journals	10	13%	3	17%	3	9%	4	16%
Professional recruiting firms	5	7%	2	11%	2	6%	1	4%
Recruiting "Outside"	3	4%	1	6%	2	6%	0	0%
Recruiting is not a problem	2	3%	1	6%	1	3%	0	0%
Onsite visits	2	3%	0	0%	1	3%	1	4%
Local recruitment	2	3%	1	6%	1	3%	0	0%
Financial/benefit incentives	2	3%	0	0%	2	6%	0	0%
Emphasizing location	2	3%	0	0%	1	3%	1	4%
Other	4	5%	0	0%	2	6%	2	8%
Don't know/no answer	18	24%	5	28%	6	18%	7	28%

Barriers to Recruitment

Barriers to Recruitment: by Organization Type														
	All facil	ities	Non-trib Hospital		Region THO	al	Indeper THO	ndent	СНС		Priva Clinio		Mental	Health
	n=76	%	n=10	%	n=13	%	n=16	%	n=10	%	n=8	%	n=19	%
Competitive salary/benefits	37	49%	2	20%	8	62%	5	31%	3	30%	5	63%	14	74%
Aggressive job marketing campaign	35	46%	6	60%	6	46%	6	38%	4	40%	4	50%	9	47%
Cost of relocating providers	26	34%	2	20%	3	23%	7	44%	3	30%	3	38%	8	42%
Geographic isolation/harsh living	46	61%	5	50%	11	85%	10	63%	5	50%	2	25%	13	68%
Lack of urban amenities	40	53%	4	40%	9	69%	7	44%	5	50%	3	38%	12	63%
Lack of community welcome	3	4%	1	10%	0	0%	2	13%	0	0%	0	0%	0	0%
Spousal compatibility/job availability	43	57%	7	70%	8	62%	8	50%	6	60%	4	50%	10	53%
Educational opportunities for children	13	17%	1	10%	4	31%	3	19%	2	20%	0	0%	3	16%
Housing availability	39	51%	3	30%	10	77%	10	63%	4	40%	3	38%	9	47%
Intensity/hardship of the position	13	17%	1	10%	4	31%	4	25%	1	10%	1	13%	2	11%
Call requirements	24	32%	4	40%	2	15%	7	44%	4	40%	4	50%	3	16%
Lack of locum availability	16	21%	0	0%	4	31%	5	31%	3	30%	2	25%	2	11%
Professional growth	14	18%	2	20%	1	8%	5	31%	2	20%	1	13%	3	16%
Locating qualified candidates	54	71%	7	70%	12	92%	8	50%	8	80%	4	50%	15	79%

Barriers to Recruitment: by Organization) Size							
	All facil	ities	Under	10	10 - 49		50 and	over
	n=76	%	n=18	%	n=33	%	n=25	%
Competitive salary/benefits	37	49%	6	33%	19	58%	12	48%
Aggressive job marketing campaign	35	46%	9	50%	12	36%	14	56%
Cost of relocating providers	26	34%	9	50%	14	42%	3	12%
Geographic isolation/harsh living	46	61%	12	67%	18	55%	16	64%
Lack of urban amenities	40	53%	11	61%	14	42%	15	60%
Lack of community welcome	3	4%	2	11%	0	0%	1	4%
Spousal compatibility/job availability	43	57%	12	67%	17	52%	14	56%
Educational opportunities for children	13	17%	4	22%	4	12%	5	20%
Housing availability	39	51%	16	89%	13	39%	10	40%
Intensity/hardship of the position	13	17%	5	28%	5	15%	3	12%
Call requirements	24	32%	9	50%	9	27%	6	24%
Lack of locum availability	16	21%	8	44%	5	15%	3	12%
Professional growth	14	18%	6	33%	5	15%	3	12%
Locating qualified candidates	54	71%	11	61%	23	70%	20	80%

Barriers to Recruitment: by Region														
	All reg	ions	Southe	east	Southo	entral	Soutl	nwest	North	nern	Interior		Aleut	ian
	n=76	%	n=19	%	n=35	%	n=4	%	n=4	%	n=11	%	n=3	%
Competitive salary/benefits	37	49%	10	53%	17	49%	1	25%	3	75%	5	45%	1	33%
Aggressive job marketing campaign	35	46%	10	53%	17	49%	1	25%	2	50%	3	27%	2	67%
Cost of relocating providers	26	34%	9	47%	13	37%	2	50%	0	0%	2	18%	0	0%
Geographic isolation/harsh living	46	61%	16	84%	12	34%	3	75%	4	100%	8	73%	3	100%
Lack of urban amenities	40	53%	14	74%	11	31%	1	25%	4	100%	7	64%	2	67%
Lack of community welcome	3	4%	0	0%	3	9%	0	0%	0	0%	0	0%	0	0%
Spousal compatibility/job availability	43	57%	13	68%	18	51%	1	25%	3	75%	6	55%	2	67%
Educational opportunities for children	13	17%	4	21%	3	9%	1	25%	2	50%	2	18%	1	33%
Housing availability	39	51%	12	63%	14	40%	4	100%	2	50%	4	36%	3	100%
Intensity/hardship of the position	13	17%	3	16%	4	11%	2	50%	1	25%	2	18%	1	33%
Call requirements	24	32%	8	42%	8	23%	1	25%	1	25%	5	45%	1	33%
Lack of locum availability	16	21%	2	11%	6	17%	2	50%	1	25%	4	36%	1	33%
Professional growth	14	18%	3	16%	9	26%	0	0%	0	0%	1	9%	1	33%
Locating qualified candidates	54	71%	16	84%	21	60%	3	75%	3	75%	8	73%	3	100%

Other Barriers to Recruitment (Open Answers)

Other Barriers to Recruitment by Organization T	ype													
	All facil	All facilities		al	Region THO	al	Indeper THO	ndent	CHC		Priva Clinic		Mental	Health
	n=76	n=76 %		%	n=13	%	n=16	%	n=10	%	n=8	%	n=19	%
Emphasized Geographic Issues	12	16%	2	20%	2	15%	1	6%	0	0%	2	25%	5	26%
High Cost of Living	6	8%	1	10%	3	23%	0	0%	0	0%	0	0%	2	11%
State Funding/Infrastructure Issues	4	5%	1	10%	1	8%	0	0%	0	0%	0	0%	2	11%
General Shortage Problems	7	9%	2	20%	0	0%	2	13%	0	0%	2	25%	1	5%
Uncertainty About Future of Org.	3	4%	2	20%	0	0%	0	0%	1	10%	0	0%	0	0%
Emphasized Locum Availability	3	4%	0	0%	0	0%	3	19%	0	0%	0	0%	0	0%
Emphasized Internal Financial Issues	5	7%	0	0%	3	23%	0	0%	0	0%	1	13%	1	5%
Lack of Internal Capacity to Recruit	2	3%	0	0%	0	0%	1	6%	0	0%	0	0%	1	5%
Other	3	4%	1	10%	0	0%	1	6%	0	0%	1	13%	0	0%

Other Barriers to Recruitment by Organization Size	ze							
	All facil	ities	Under	10	10 - 49		50 and	over
	n=76	%	n=18	%	n=33	%	n=25	%
Emphasized Geographic Issues	12	16%	1	6%	6	18%	5	20%
High Cost of Living	6	8%	0	0%	2	6%	4	16%
State Funding/Infrastructure Issues	4	5%	1	6%	1	3%	2	8%
General Shortage Problems	7	9%	1	6%	4	12%	2	8%
Uncertainty About Future of Org.	3	4%	0	0%	2	6%	1	4%
Emphasized Locum Availability	3	4%	2	11%	1	3%	0	0%
Emphasized Internal Financial Issues	5	7%	0	0%	2	6%	3	12%
Lack of Internal Capacity to Recruit	2	3%	2	11%	0	0%	0	0%
Other	3	4%	1	6%	1	3%	1	4%

Other Barriers to Recruitment by Region														
	All region	All regions		ast	Southc	entral	South	nwest	North	ern	Interior		Aleut	ian
	n=76	%	n=19	%	n=35	%	n=4	%	n=4	%	n=11	%	n=3	%
Emphasized Geographic Issues	12	16%	4	21%	7	20%	0	0%	1	25%	0	0%	1	33%
High Cost of Living	6	8%	3	16%	0	0%	1	25%	0	0%	0	0%	1	33%
State Funding/Infrastructure Issues	4	5%	1	5%	2	6%	0	0%	0	0%	0	0%	1	33%
General Shortage Problems	7	9%	1	5%	5	14%	0	0%	0	0%	1	9%	0	0%
Uncertainty About Future of Org.	3	4%	1	5%	2	6%	0	0%	0	0%	0	0%	0	0%
Emphasized Locum Availability	3	4%	1	5%	2	6%	0	0%	0	0%	0	0%	0	0%
Emphasized Internal Financial Issues	5	7%	1	5%	1	3%	1	25%	2	50%	0	0%	0	0%
Lack of Internal Capacity to Recruit	2	3%	0	0%	1	3%	0	0%	0	0%	1	9%	0	0%
Other	3	4%	0	0%	3	9%	0	0%	0	0%	0	0%	0	0%

Desired Outcomes of this Study

Desired Outcome of This Study: by Organization Type														
	All faci	lities	Non-trib Hospita		Regior THO	nal	Indeper THO	ndent	CHC		Priva Clinio		Menta Health	
	n=76	%	n=10	%	n=13	%	n=16	%	n=10	%	n=8	%	n=19	%
Access to study data	19	25%	1	10%	2	15%	6	38%	3	30%	4	50%	3	16%
Statewide clearinghouse of job seekers	10	13%	2	20%	2	15%	2	13%	1	10%	1	13%	2	11%
Increased awareness of recruitment challenges	10	13%	2	20%	1	8%	1	6%	0	0%	0	0%	6	32%
Collaboration	8	11%	1	10%	1	8%	1	6%	1	10%	1	13%	3	16%
Information on good recruiting practices	6	8%	1	10%	1	8%	2	13%	2	20%	0	0%	0	0%
Want salary data	4	5%	1	10%	1	8%	1	6%	0	0%	0	0%	1	5%
Increased State/Medicare-Medicaid funding	3	4%	0	0%	0	0%	0	0%	0	0%	0	0%	3	16%
More in-state health training programs	3	4%	0	0%	0	0%	1	6%	1	10%	0	0%	1	5%
Recruitment assistance (non-financial)	3	4%	0	0%	0	0%	1	6%	1	10%	0	0%	1	5%
Loan repayment program eligibility	2	3%	1	10%	0	0%	0	0%	0	0%	0	0%	1	5%
Shift emphasis to retention issues	2	3%	0	0%	0	0%	0	0%	1	10%	1	13%	0	0%
Other	8	11%	1	10%	2	15%	1	6%	0	0%	1	13%	3	16%
Don't know/no answer	12	16%	2	20%	3	23%	4	25%	1	10%	0	0%	2	11%

Desired Outcome of This Study: by Organization Siz	ze							
	All faci	lities	Under	10	10 - 49)	50 and	lover
	n=76	%	n=18	%	n=33	%	n=25	%
Access to study data	19	25%	9	50%	6	18%	4	16%
Statewide clearinghouse of job seekers	10	13%	3	17%	3	9%	4	16%
Increased awareness of recruitment challenges	10	13%	0	0%	7	21%	3	12%
Collaboration	8	11%	3	17%	4	12%	1	4%
Information on good recruiting practices	6	8%	3	17%	3	9%	1	4%
Want salary data	4	5%	3	17%	0	0%	2	8%
Increased State/Medicare-Medicaid funding	3	4%	0	0%	3	9%	0	0%
More in-state health training programs	3	4%	0	0%	2	6%	1	4%
Recruitment assistance (non-financial)	3	4%	1	6%	1	3%	1	4%
Loan repayment program eligibility	2	3%	1	6%	0	0%	1	4%
Shift emphasis to retention issues	2	3%	0	0%	2	6%	0	0%
Other	8	11%	1	6%	3	9%	4	16%
Don't know/no answer	12	16%	2	11%	4	12%	6	24%

Desired Outcome of This Study: by Region														
	IIA	All regions		Southeast Southcentral		central	Southwest		North	nern	Interio	r	Aleut	ian
	n=7	6 %	n=19	%	n=35	%	n=4	%	n=4	%	n=11	%	n=3	%
Access to study data	19	25%	5	26%	8	23%	2	50%	0	0%	2	18%	2	67%
Statewide clearinghouse of job seekers	10	13%	1	5%	6	17%	1	25%	2	50%	0	0%	0	0%
Increased awareness of recruitment challenges	10	13%	4	21%	5	14%	0	0%	0	0%	0	0%	1	33%
Collaboration	8	11%	1	5%	3	9%	1	25%	0	0%	3	27%	0	0%
Information on good recruiting practices	6	8%	0	0%	4	11%	1	25%	0	0%	1	9%	0	0%
Want salary data	4	5%	0	0%	3	9%	0	0%	1	25%	0	0%	0	0%
Increased State/Medicare-Medicaid funding	3	4%	3	16%	0	0%	0	0%	0	0%	0	0%	0	0%
More in-state health training programs	3	4%	1	5%	1	3%	0	0%	0	0%	1	9%	0	0%
Recruitment Assistance (non-financial)	3	4%	2	11%	1	3%	0	0%	0	0%	0	0%	0	0%
Loan repayment program eligibility	2	3%	0	0%	2	6%	0	0%	0	0%	0	0%	0	0%
Shift emphasis to retention issues	2	3%	0	0%	2	6%	0	0%	0	0%	0	0%	0	0%
Other	8	11%	2	11%	4	11%	0	0%	1	25%	1	9%	0	0%
Don't know/no answer	12	16%	3	16%	5	14%	1	25%	0	0%	3	27%	0	0%

Interest in Collaboration

Interest in Collaboration: by Organization Type														
	All facili	Non-tribal All facilities Hospital Regional THO					Indeper THO	ndent	CHC		Privat	e Clinic	Mental Health	
	n=76	%	n=10	%	n=13	%	n=16	%	n=10	%	n=8	%	n=19	%
Yes	46	61%	7	70%	9	69%	7	44%	4	40%	6	75%	13	68%
Maybe	12	16%	3	30%	1	8%	3	19%	3	30%	0	0%	2	11%
No	5	7%	0	0%	2	15%	0	0%	1	10%	1	13%	1	5%
Already doing it	5	7%	0	0%	0	0%	3	19%	0	0%	0	0%	2	11%
Don't know/no answer	13	17%	1	10%	1	8%	6	38%	2	20%	1	13%	2	11%

Interest in Collaboration: by Organization Size										
	All facili	ties	Under 10	0	10 - 49		50 and	over		
	n=76	%	n=18	%	n=33	%	n=25	%		
Yes	46	61%	11	61%	19	58%	16	64%		
Maybe	12	16%	4	22%	4	12%	4	16%		
No	5	7%	0	0%	4	12%	1	4%		
Already doing it	5	7%	1	6%	3	9%	1	4%		
Don't know/no answer	13	17%	4	22%	5	15%	4	16%		

Interest in Collaboration: by Region														
	All regio	ns	Southea	ast	Southce	entral	Southv	vest	Northe	rn	Interio	r	Aleutia	n
	n=76	%	n=19	%	n=35	%	n=4	%	n=4	%	n=11	%	n=3	%
Yes	46	61%	14	74%	19	54%	3	75%	2	50%	6	55%	2	67%
Maybe	12	16%	1	5%	8	23%	1	25%	1	25%	1	9%	0	0%
No	5	7%	1	5%	1	3%	0	0%	1	25%	2	18%	0	0%
Already doing it	5	7%	0	0%	5	14%	0	0%	0	0%	0	0%	0	0%
Don't know/no answer	13	17%	3	16%	7	20%	1	25%	0	0%	1	9%	1	33%

Currently Partner with Other Organizations

Currently Partne	Currently Partner With Other Organizations: by Organization Type													
	All facili	ties	Non-trib	al Hospital	Regiona	I THO	Indepen	ndent THO	CHC		Privat	e Clinic	Mental H	lealth
	n=76	%	n=10	%	n=13	%	n=16	%	n=10	%	n=8	%	n=19	%
Yes	17	22%	3	30%	2	15%	4	25%	2	20%	3	38%	3	16%
No	55	72%	7	70%	10	77%	11	69%	7	70%	5	63%	15	79%
No answer	4	5%	0	0%	1	8%	1	6%	1	10%	0	0%	1	5%

Currently Partner	Currently Partner with Other Organizations: by Organization Size										
	All facilitie	es	Under 10		10 - 49		50 and over				
	n=76	%	n=18	%	n=33	%	n=25	%			
Yes	17	22%	4	22%	7	21%	6	24%			
No	55	72%	14	78%	25	76%	16	64%			
No answer	4	5%	0	0%	1	3%	3	12%			

Currently Partne	Currently Partner With Other Organizations: by Region													
	All region	ns	Southea	st	Southce	ntral	South	west	Northe	ern	Interior		Aleutia	an
	n=76	%	n=19	%	n=35	%	n=4	%	n=4	%	n=11	%	n=3	%
Yes	17	22%	4	21%	9	26%	1	25%	1	25%	1	9%	1	33%
No	55	72%	14	74%	24	69%	3	75%	3	75%	10	91%	1	33%
No answer	4	5%	1	5%	2	6%	0	0%	0	0%	0	0%	1	33%

Average Number of Days for Vacant Positions

Average Number of Days the Position Was Vacant: by Organization Type										
	All facilities	Non-tribal Hospital	Regional THO	Independent THO	CHC	Private Clinic	Mental Health			
	(n=76)	(n=10)	(n=13)	(n=16)	(n=10)	(n=8)	(n=19)			
Physician	239.65	168.29	365.00	90.00	220.00	365.00	*			
Pharmacist	174.11	156.67	182.83	*		*	*			
Midlevel	127.31	180.00	153.70	96.11	140.00	45.00	180.00			
Registered Nurse	163.00	159.11	213.17	*	30.00	*	*			
Dentist	90.00	*	150.00	386.00	0.00	*	*			
Dental Hygienist	166.25	*	90.00	*	*	*	*			
Psychiatrist	668.33	*	332.50	*	*	0.00	0.00			
Clinical Psychologist	281.82	*	180.00	*		*	912.50			
LCSW	122.61	300.00	81.25	90.00	242.50	*	633.33			
Masters Level Therapist	*	240.00	105.00	247.50	90.00	0.00	115.00			

Average Number of Days	s the Position Wa	s Vacant: by	Organizati	on Size
	All facilities	Under 10	10 - 49	50 and over
	(n=76)	(n=18)	(n=33)	(n=25)
Physician	239.65	90.00	236.25	255.73
Pharmacist	174.11	*	182.00	173.13
Midlevel	127.31	120.22	111.80	149.20
Registered Nurse	163.00	*	113.00	178.38
Dentist	90.00	*	0.00	209.00
Dental Hygienist	166.25	*	*	90.00
Psychiatrist	668.33	*	0.00	221.67
Clinical Psychologist	281.82	*	*	668.33
LCSW	122.61	*	162.50	350.00
Masters Level Therapist	*	285.00	114.23	95.63

		Non-tribal		Independent			
	All facilities	Hospital	Regional THO	THO	CHC	Private Clinic	Mental Health
	(n=76)	(n=10)	(n=13)	(n=16)	(n=10)	(n=8)	(n=19)
Physician	110.41	50.00	120.00	137.50	183.00	105.00	*
Pharmacist	83.33	40.00	105.00		*	*	*
Midlevel	26.08	*	32.25	20.00	21.67	45.00	14.00
Registered Nurse	40.70	47.00	55.50		7.00	*	*
Dentist	51.50	*	85.50	35.00	0.00	*	*
Dental Hygienist	40.00	*	40.00		*	*	*
Psychiatrist	55.00	*	90.00		*	75.00	0.00
Clinical Psychologist	30.00	*	*		*	*	30.00
LCSW	30.82	33.00	32.00	30.00	14.00	*	40.00
Masters Level Therapist	37.64	*	44.80	36.00	15.00	75.00	35.58

Average Number of Days fr	om Hire Date t	to Start Date:	by Organiz	zation Size
	All facilities	Under 10	10 - 49	50 and over
	(n=76)	(n=18)	(n=33)	(n=25)
Physician	110.41	275.00	134.57	73.33
Pharmacist	83.33	*	*	83.33
Midlevel	26.08	24.25	20.70	35.86
Registered Nurse	40.70	*	7.00	49.13
Dentist	51.50	*	0.00	68.67
Dental Hygienist	40.00	*	*	40.00
Psychiatrist	55.00	*	75.00	45.00
Clinical Psychologist	30.00	*	*	30.00
LCSW	30.82	*	25.75	33.71
Masters Level Therapist	37.64	37.50	35.33	41.13

Average Number Recru	ited: by Organ	ization Type					
	All facilities	Non-tribal Hospital	Regional THO	Independent THO CHC		Private Clinic	Mental Health
	(n=76)	(n=10)	(n=13)	(n=16)	(n=10)	(n=8)	(n=19)
Physician	1.68	1.14	2.57	1.00	1.50	1.50	*
Pharmacist	1.64	1.00	1.86	*	2.00	*	*
Midlevel	2.10	1.00	3.25	1.56	1.29	1.00	*
Registered Nurse	7.16	8.67	6.71	*	3.67	*	*
Dentist	1.43	*	1.60	1.00	1.00	*	*
Dental Hygienist	1.33	*	1.33	*	*	*	*
Psychiatrist	1.20	*	1.33	*	*	1.00	1.00
Clinical Psychologist	1.50	*	1.50	*	*	*	1.50
LCSW	1.58	1.00	1.40	1.00	1.00	*	2.67
Masters Level Therapist	1.48	1.00	1.86	1.00	1.00	1.00	1.50

Average Number Recruite	ed: by Organizat	ion Size		
	All facilities (n=76)	Under 10 (n=18)	10 - 49 (n=33)	50 and over (n=25)
Physician	1.68	1.00	1.38	1.92
Pharmacist	1.64	*	1.50	1.67
Midlevel	2.10	1.56	1.45	3.18
Registered Nurse	7.16	*	3.40	8.50
Dentist	1.43	*	1.00	1.50
Dental Hygienist	1.33	*	*	1.33
Psychiatrist	1.20	*	1.00	1.25
Clinical Psychologist	1.50	*	*	1.50
LCSW	1.58	*	1.25	1.75
Masters Level Therapist	1.48	1.00	1.38	1.70

Average Number Hired	l: by Organizati	on Type					
	All facilities (n=76)	Non-tribal Hospital (n=10)	Regional THO (n=13)	Independent THO (n=16)	CHC (n=10)	Private Clinic (n=8)	Mental Health (n=19)
Physician	1.39	0.75	2.14	1.00	1.50	1.50	*
Pharmacist	1.18	0.67	1.57	*	0.00	*	*
Midlevel	1.66	0.00	2.33	1.56	1.14	1.00	1.00
Registered Nurse	5.95	7.65	5.57	*	3.00	*	*
Dentist	1.00	*	1.00	0.50	2.00	*	*
Dental Hygienist	1.00	*	1.00	*	*	*	*
Psychiatrist	0.60	*	0.67	*	*	1.00	0.00
Clinical Psychologist	0.75	*	1.00	*	*	*	0.50
LCSW	1.33	1.00	1.40	1.00	0.50	*	2.00
Masters Level Therapist	1.32	0.00	1.57	1.00	1.00	1.00	1.42

Average Number Hired: by O	rganization S	ize		
	All facilities (n=76)	Under 10 (n=18)	10 - 49 (n=33)	50 and over (n=25)
Physician	1.39	1.00	1.38	1.43
Pharmacist	1.18	*	0.00	1.44
Midlevel	1.66	1.56	1.18	2.17
Registered Nurse	5.95	*	2.40	7.13
Dentist	1.00	0.00	1.00	1.14
Dental Hygienist	1.00	*	*	1.00
Psychiatrist	0.60	*	1.00	0.50
Clinical Psychologist	0.75	*	*	0.75
LCSW	1.33	*	1.00	1.50
Masters Level Therapist	1.32	1.00	1.23	1.50

Recruitment Costs

Total Cost Breakdown: by Organization	n Туре						
	Total	Non-tribal Hospital	Regional THO	Independent THO	CHC	Private Clinic	Mental Health
Recruiting firms	\$588,164	\$50,000	\$472,864	\$0	\$0	\$65,000	\$300
Advertising	\$301,534	\$66,200	\$177,350	\$17,578	\$7,356	\$1,150	\$31,900
Recruitment related staff travel	\$55,681	\$0	\$48,181	\$0	\$0	\$0	\$7,500
Travel/accommodations for on-site interview	\$240,070	\$20,100	\$135,338	\$30,412	\$17,905	\$1,500	\$34,815
Moving expenses (inc. travel)	\$792,156	\$113,860	\$496,742	\$66,754	\$26,300	\$44,000	\$44,500
Cost of locums	\$4,944,266	\$968,657	\$3,429,959	\$154,050	\$126,000	\$91,000	\$174,600
Training and orientation	\$258,134	\$24,100	\$170,830	\$8,180	\$11,666	\$5,300	\$38,058
Other costs*	\$1,265,818	\$150,200	\$1,043,473	\$19,400	\$0	\$37,800	\$14,945
Staff time	\$3,604,870	\$718,268	\$2,263,871	\$98,860	\$250,691	\$24,400	\$248,780
Total	\$12,050,693	\$2,111,385	\$8,238,608	\$395,234	\$439,918	\$270,150	\$595,398

Total Cost Breakdown: by Organization	n Size			
	Total	under 10	10 - 49	50 and over
Recruiting firms	\$588,164	\$0	\$65,300	\$522,864
Advertising	\$301,534	\$7,704	\$46,896	\$246,934
Recruitment related staff travel	\$55,681	\$0	\$7,500	\$48,181
Travel/accommodations for on-site interview	\$240,070	\$17,262	\$47,870	\$166,388
Moving expenses (inc. travel)	\$792,156	\$44,354	\$126,100	\$621,702
Cost of locums	\$4,944,266	\$139,650	\$886,990	\$3,917,626
Training and orientation	\$258,134	\$5,200	\$55,246	\$197,638
Other costs*	\$1,265,818	\$27,700	\$41,645	\$1,196,473
Staff time	\$3,604,870	\$141,898	\$526,208	\$2,936,764
Total	\$12,050,693	\$383,768	\$1,803,755	\$9,854,570

Total Cost Breakdown: by I	Provider Typ	ре									
	Total	Physician	Pharmacist	Midlevel	Registered Nurse	Dentist	Dental Hygienist	Psychiatrist	Clinical Psychologist	LCSW	Masters Level Therapist
Recruiting firms	\$588,164	\$102,447	\$82,447	\$78,394	\$74,894	\$37,447	\$37,447	\$62,447	\$37,447	\$37,597	\$37,597
Advertising	\$301,534	\$20,309	\$40,032	\$37,883	\$135,505	\$8,600	\$0	\$8,750	\$1,000	\$17,605	\$31,850
Recruitment related staff travel	\$55,681	\$2,500	\$3,330	\$7,330	\$22,770	\$9,761	\$0	\$830	\$2,330	\$3,830	\$3,000
Travel/accommodations for on-site interview	\$240,070	\$96,167	\$18,000	\$44,125	\$32,963	\$11,350	\$0	\$3,000	\$2,500	\$7,365	\$24,600
Moving expenses (inc. travel)	\$792,156	\$191,814	\$72,411	\$152,880	\$226,838	\$15,100	\$0	\$23,596	\$6,500	\$48,717	\$54,300
Cost of locums	\$4,944,266	\$871,423	\$256,808	\$794,664	\$2,375,480	\$88,291	\$0	\$504,000	\$0	\$0	\$53,600
Training and orientation	\$258,134	\$31,522	\$43,888	\$44,819	\$66,658	\$10,007	\$2,731	\$0	\$5,500	\$28,470	\$24,539
Other costs*	\$1,265,818	\$411,626	\$550	\$18,334	\$777,687	\$4,191	\$0	\$27,500	\$0	\$685	\$25,245
Staff time	\$3,604,870	\$631,842	\$313,052	\$528,240	\$1,353,588	\$88,406	\$81,539	\$82,912	\$48,411	\$184,783	\$292,097
Total	\$12,050,693	\$2,359,650	\$830,518	\$1,706,669	\$5,066,383	\$273,153	\$121,717	\$713,035	\$103,688	\$329,052	\$546,828

^{*} Other costs include: background checks, consulting fees, licensure fees, legal fees, contract buyouts, salary guarantees, website management, membership organization fees, and other miscellaneous costs.

Almost 7 million dollars reported could not be directly attributed to the categories of featured providers, and are not included in the figures above.

Average Cost Breakdown: by Organization Type										
	All facilities	Non-tribal Hospital	Regional THO	Independent THO	CHC	Private Clinic	Mental Health			
Recruitment activity costs	\$148,172	\$199,017	\$459,595	\$24,698	\$27,032	\$61,438	\$24,758			
Recruitment related staff time	\$48,714	\$102,610	\$174,144	\$9,886	\$35,813	\$6,100	\$20,732			
How many hired	4.45	8.56	9.62	1.82	3.44	1.75	1.92			
How many recruited	4.83	9.20	12	1.25	3.30	0.88	1.58			
Cost Per Hire	\$38,018	\$52,061	\$70,928	\$18,340	\$15,849	\$29,429	\$30,279			
Cost Per Recruit	\$31,353	\$52,060	\$47,667	\$18,340	\$13,737	\$29,429	\$23,362			

Average Cost Breakdown: by C	Organization S	ize		
	All facilities	under 10	10 - 49	over 50
Recruitment activity costs	\$148,172	\$21,988	\$51,102	\$329,829
Recruitment related staff time	\$48,714	\$14,190	\$23,919	\$139,846
How many hired	4.45	1.55	2.36	9.09
How many recruited	4.83	0.94	2.18	9.96
Cost Per Hire	\$38,018	\$20,066	\$32,546	\$51,778
Cost Per Recruit	\$31,354	\$20,066	\$26,559	\$41,750

Average Cost Breakdown: by Region										
	All regions	Southeast	Southcentral	Southwest	Northern	Interior	Aleutian			
Recruitment activity costs	\$148,172	\$73,462	\$62,415	\$449,562	\$708,577	\$100,809	\$182,033			
Recruitment related staff time	\$48,714	\$35,217	\$47,077	\$193,891	\$266,078	\$18,664	\$42,994			
How many hired	4.45	4.71	3.23	14	9	3.88	4			
How many recruited	4.83	3.95	2.97	14.75	13.75	3	4			
Cost Per Hire	\$38,018	\$37,404	\$30,270	\$27,206	\$95,003	\$28,568	\$55,193			
Cost Per Recruit	\$31,353	\$28,250	\$26,447	\$26,044	\$60,629	\$28,882	\$55,193			

Average Cost Breakdow	n: by Provid	ler Type									
	All facilites	Physician	Pharmacist	Midlevel	Registered Nurse	Dentist	Dental Hygienist	Psychiatrist	Clinical Psychologist	LCSW	Masters Level Therapist
Recruitment activity costs	\$148,172	\$86,390	\$51,747	\$34,660	\$232,050	\$30,791	\$20,089	\$126,025	\$13,819	\$10,305	\$12,737
Recruitment related staff time	\$48,714	\$33,255	\$31,305	\$19,564	\$71,241	\$11,051	\$16,308	\$20,728	\$16,137	\$13,199	\$15,374
How many hired	4.45	1.39	1.18	1.66	5.59	1.00	1.00	0.60	0.75	1.33	1.32
How many recruited	4.83	1.68	1.64	2.10	7.16	1.43	1.33	1.20	1.50	1.58	1.48
Cost Per Hire	\$38,018	\$73,739	\$63,886	\$32,201	\$42,575	\$27,315	\$40,572	\$237,678	\$34,563	\$20,566	\$16,571
Cost Per Recruit	\$31,353	\$63,774	\$46,140	\$26,256	\$37,253	\$27,315	\$30,429	\$118,839	\$17,281	\$17,319	\$14,779

Recruitment Efficiency Index

Recruiting Efficiency Index for Hospitals									
	Hospital	All others							
Total cost*	\$1,700,245	\$5,406,182							
Total compensation	\$5,635,660	\$14,723,863							
REI	30%	37%							

Recruiting Efficiency Index by Organization Type											
	Total	Non-tribal Hospital	Regional THO	Independent THO	CHC	Private Clinic	Mental Health				
Total cost*	\$7,106,427	\$1,142,728	\$4,808,649	\$241,184	\$313,918	\$179,150	\$420,798				
Total compensation	\$20,359,523	\$4,519,013	\$10,329,198	\$1,469,000	\$1,953,565	\$757,500	\$1,331,247				
REI	35%	25%	47%	16%	16%	24%	32%				

Recruiting Efficienc	y Index by Orga	nization Size		
	Total	under 10	10 - 49	50 & over
Total cost*	\$7,106,427	\$244,118	\$916,765	\$5,945,544
Total compensation	\$20,359,523	\$1,047,478	\$4,104,885	\$15,207,160
REI	35%	23%	22%	39%

Regional Recruiting	Regional Recruiting Efficiency Index										
	Total	Southeast	Southcentral	Southwest	Northern	Interior	Aleutian				
Total cost*	\$7,106,427	\$835,481	\$1,591,501	\$2,532,985	\$1,561,878	\$333,499	\$251,083				
Total compensation	\$20,359,523	\$4,520,888	\$5,620,563	\$3,787,868	\$3,115,247	\$2,380,957	\$934,000				
REI	35%	18%	28%	67%	50%	14%	27%				

^{*} Does not include the cost of locums

Employed by Organization	Туре													
			Non-trik				Independent				Private			
	All facil	ities	Hospita	ıl	Region	al THO	THO		CHC		Clinic		Mental Health	
	n=76	%	n=10	%	n=13	%	n=16	%	n=10	%	n=8	%	n=19	%
Physician	36	47%	8	80%	10	77%	4	25%	5	50%	6	75%	1	5%
Pharmacist	16	21%	4	40%	9	69%	2	13%	1	10%	0	0%	0	0%
Midlevel	47	62%	3	30%	13	100%	15	94%	9	90%	5	63%	2	11%
Registered Nurse	39	51%	9	90%	9	69%	6	38%	5	50%	7	88%	3	16%
Dentist	16	21%	0	0%	10	77%	5	31%	1	10%	0	0%	0	0%
Dental Hygienist	12	16%	0	0%	9	69%	2	13%	1	10%	0	0%	0	0%
Psychiatrist	12	16%	2	20%	5	38%	1	6%	0	0%	1	13%	3	16%
Clinical Psychologist	13	17%	1	10%	6	46%	1	6%	0	0%	0	0%	5	26%
LCSW	31	41%	3	30%	9	69%	4	25%	2	20%	1	13%	12	63%
Masters Level Therapist	41	54%	3	30%	11	85%	5	31%	2	20%	1	13%	19	100%

Recruited for in the Last Fiscal Y	ear by	Organiz	zation 1	Гуре										
			Non-tril	bal			Indepe	ndent			Priva	Private		
	All facil	ities	Hospita	al	Region	Regional THO		THO			Clinic	;	Mental Health	
	n=76	%	n=10	%	n=13	%	n=16	%	n=10	%	n=8	%	n=19	%
Physician	23	30%	8	80%	7	54%	2	13%	4	40%	2	25%	0	0%
Pharmacist	11	14%	3	30%	7	54%	0	0%	1	10%	0	0%	0	0%
Midlevel	32	42%	1	10%	12	92%	9	56%	7	70%	2	25%	1	5%
Registered Nurse	21	28%	9	90%	9	69%	0	0%	3	30%	0	0%	0	0%
Dentist	10	13%	0	0%	7	54%	1	6%	1	10%	0	0%	0	0%
Dental Hygienist	4	5%	0	0%	4	31%	0	0%	0	0%	0	0%	0	0%
Psychiatrist	6	8%	0	0%	3	23%	0	0%	0	0%	1	13%	2	11%
Clinical Psychologist	4	5%	0	0%	2	15%	0	0%	0	0%	0	0%	2	11%
LCSW	12	16%	1	10%	5	38%	1	6%	2	20%	0	0%	3	16%
Masters Level Therapist	24	32%	1	10%	7	54%	2	13%	2	20%	1	13%	11	58%
Any Professional	58	76%	9	90%	13	100%	11	69%	9	90%	4	50%	12	63%

Employed by Organization	Size							
	All facil	ities	Under 1	10	10 - 49		50 and	over
	n=76	%	n=18	%	n=33	%	n=25	%
Physician	36	47%	2	11%	16	48%	18	72%
Pharmacist	16	21%	0	0%	4	12%	12	48%
Midlevel	47	62%	13	72%	18	55%	16	64%
Registered Nurse	39	51%	3	17%	15	45%	21	84%
Dentist	16	21%	1	6%	7	21%	8	32%
Dental Hygienist	12	16%	0	0%	5	15%	7	28%
Psychiatrist	12	16%	1	6%	1	3%	10	40%
Clinical Psychologist	13	17%	1	6%	3	9%	9	36%
LCSW	31	41%	2	11%	15	45%	14	56%
Masters Level Therapist	41	54%	6	33%	20	61%	15	60%

Recruited for in the Last Fiscal Year	r by Or	ganizat	ion Size	Э				
	All facili	All facilities		Under 10		10 - 49		over
	n=76	%	n=18	%	n=33	%	n=25	%
Physician	23	30%	1	6%	8	24%	14	56%
Pharmacist	11	14%	0	0%	2	6%	9	36%
Midlevel	32	42%	9	50%	11	33%	12	48%
Registered Nurse	21	28%	0	0%	5	15%	16	64%
Dentist	10	13%	1	6%	2	6%	7	28%
Dental Hygienist	4	5%	0	0%	0	0%	4	16%
Psychiatrist	6	8%	0	0%	1	3%	5	20%
Clinical Psychologist	4	5%	0	0%	0	0%	4	16%
LCSW	12	16%	0	0%	4	12%	8	32%
Masters Level Therapist	24	32%	2	11%	12	36%	10	40%
Any Professional	58	76%	11	61%	24	73%	23	92%

Average Salary for Ne	w Hires by O	rganization Typ	ре				
	All facilities (n=76)	Non-tribal Hospital (n=10)	Regional THO (n=13)	Independent THO (n=16)	CHC (n=10)	Private Clinic (n=8)	Mental Health (n=19)
Physician	\$135,634	\$134,496	\$163,296	\$135,000	\$107,613	\$126,000	*
Pharmacist	\$100,496	\$84,500	\$105,065	*	*	*	*
Midlevel	\$83,144	*	\$89,695	\$73,233	\$97,112	\$80,250	\$58,000
Registered Nurse	\$54,074	\$49,521	\$68,790	*	\$34,882	*	*
Dentist	\$110,286	*	\$123,600	\$89,000	\$65,000	*	*
Dental Hygienist	\$63,297	*	\$63,297	*	*	*	*
Psychiatrist	\$163,992	*	\$158,320	*	*	\$165,000	\$180,000
Clinical Psychologist	\$75,583	*	\$87,374	*	*	*	\$52,000
LCSW	\$54,386	\$75,650	\$57,000	\$45,000	\$60,801	*	\$42,667
Masters Level Therapist	\$49,937	\$49,764	\$60,904	\$45,800	\$61,000	\$60,000	\$42,491

Average Salary for New H	ires by Organi	zation Size		
	All facilities	Under 10	10 - 49	50 and over
	(n=76)	(n=18)	(n=33)	(n=25)
Physician	\$135,634	\$130,000	\$117,493	\$148,896
Pharmacist	\$100,496	*	\$58,800	\$105,708
Midlevel	\$83,144	\$73,451	\$88,777	\$84,295
Registered Nurse	\$54,074	*	\$39,999	\$59,703
Dentist	\$110,286	*	\$65,000	\$117,833
Dental Hygienist	\$63,297	*	*	\$63,297
Psychiatrist	\$163,992	*	\$165,000	\$163,740
Clinical Psychologist	\$75,583	*	*	\$75,583
LCSW	\$54,386	*	\$53,650	\$54,807
Masters Level Therapist	\$49,937	\$44,000	\$49,175	\$52,116

Average Salary for New Hi	res by Region						
	All facilities	Southeast	Southcentral	Southwest	Northern	Interior	Aleutian
	(n=76)	(n=19)	(n=35)	(n=4)	(n=4)	(n=11)	(n=3)
Physician	\$135,634	\$164,500	\$120,387	\$187,479	\$135,000	\$147,151	\$130,000
Pharmacist	\$100,496	\$111,000	\$75,933	\$107,750	\$109,080	\$132,000	*
Midlevel	\$83,144	\$79,170	\$92,472	\$83,293	\$82,250	\$75,200	\$79,222
Registered Nurse	\$54,074	\$64,745	\$47,132	\$57,760	\$64,198	\$50,000	*
Dentist	\$110,286	\$124,000	\$65,000	\$110,000	\$127,500	\$94,000	*
Dental Hygienist	\$63,297	\$82,500	*	\$70,687	\$55,000	\$45,000	*
Psychiatrist	\$163,992	*	\$172,500	\$149,959	\$145,000	\$180,000	*
Clinical Psychologist	\$75,583	\$105,000	\$52,000	\$69,748	*	*	*
LCSW	\$54,386	\$47,000	\$53,413	*	\$65,000	\$53,534	*
Masters Level Therapist	\$49,937	\$47,075	\$46,859	\$65,107	\$63,000	\$45,000	\$51,000

Targeted Demographics of Providers

Targeted Demographics by Organizat	tion Type													
	All facil	ities	Non-tril Hospita		Region	al THO	Indepe THO	ndent	CHC		Priva Clinio		Mental	Health
	n=76	%	n=10	%	n=13	%	n=16	%	n=10	%	n=8	%	n=19	%
People from rural backgrounds	28	37%	3	30%	5	38%	8	50%	4	40%	2	25%	6	32%
People from rural Alaska	23	30%	2	20%	5	38%	10	63%	2	20%	2	25%	2	11%
People from Alaska	26	34%	3	30%	5	38%	8	50%	0	0%	3	38%	7	37%
New graduates	30	39%	5	50%	5	38%	1	6%	4	40%	5	63%	10	53%
More experienced providers	42	55%	2	20%	8	62%	12	75%	6	60%	5	63%	9	47%
Other demographic	8	11%	1	10%	1	8%	3	19%	1	10%	1	13%	1	5%
Targeted any Alaskan	33	43%	4	40%	6	46%	11	69%	2	20%	3	38%	7	37%

Targeted Demographics by Organization Siz	е							
	All facil	ties	Under 1	10	10 - 49		50 and	over
	n=76	%	n=18	%	n=33	%	n=25	%
People from rural backgrounds	28	37%	10	56%	11	33%	7	28%
People from rural Alaska	23	30%	10	56%	7	21%	6	24%
People from Alaska	26	34%	7	39%	12	36%	7	28%
New graduates	30	39%	5	28%	14	42%	11	44%
More experienced providers	42	55%	12	67%	18	55%	12	48%
Other demographic	8	11%	3	17%	3	9%	2	8%
Targeted any Alaskan	33	43%	12	67%	12	36%	9	36%

Targeted Demographics by Region														
	All regi	ons	Southe	ast	Southc	entral	South	nwest	North	ern	Interior		Aleut	ian
	n=76	%	n=19	%	n=35	%	n=4	%	n=4	%	n=11	%	n=3	%
People from rural backgrounds	28	37%	10	53%	8	23%	2	50%	2	50%	5	45%	1	33%
People from rural Alaska	23	30%	9	47%	7	20%	1	25%	1	25%	4	36%	1	33%
People from Alaska	26	34%	7	37%	13	37%	2	50%	1	25%	2	18%	1	33%
New graduates	30	39%	9	47%	14	40%	2	50%	2	50%	3	27%	0	0%
More experienced providers	42	55%	11	58%	20	57%	3	75%	2	50%	4	36%	2	67%
Other demographic	8	11%	1	5%	6	17%	0	0%	0	0%	1	9%	0	0%
Targeted any Alaskan	33	43%	10	53%	15	43%	2	50%	1	25%	4	36%	1	33%

Targeted Any Alaskan by Organization	1 Type	and Pr	ovider	Туре										
	All facil	ities	Non-trik Hospita		Region THO*	al	Indepe THO*	ndent	CHC*		Priva Clinio		Mental	Health*
	n=76	%	n=10	%	n=13	%	n=16	%	n=10	%	n=8	%	n=19	%
Physician (36)	12	33%	2	25%	3	30%	4	80%	0	0%	2	33%	1	100%
Pharmacist (16)	5	31%	1	25%	3	33%	1	50%	0	0%	*	*	*	*
Midlevel (47)	19	40%	1	33%	4	31%	10	71%	2	22%	2	40%	0	0%
Registered Nurse (39)	13	33%	4	44%	2	22%	4	80%	0	0%	2	29%	1	33%
Dentist (16)	6	38%	*	*	3	30%	3	75%	0	0%	*	*	*	*
Dental Hygienist (12)	4	33%	*	*	3	33%	1	50%	0	0%	*	*	*	*
Psychiatrist (12)	3	25%	0	0%	2	40%	*	*	*	*	*	*	1	33%
Clinical Psychologist (13)	5	38%	0	0%	3	50%	*	*	*	*	0	0%	2	40%
LCSW (31)	13	42%	2	67%	3	33%	5	42%	0	0%	0	0%	5	42%
Masters Level Therapist (41)	16	39%	1	33%	5	46%	3	75%	0	0%	0	0%	7	37%

Percentages are based on the number of facilities that hired a particular provider, not the total number of like facilities.

Targeted Any Alaskan by Organiz	ation Size a	and Pro	vider 1	Гуре				
	All faci	lities*	Under	10*	10 - 49	*	50 and	over*
	n=76	%	n=18	%	n=33	%	n=25	%
Physician (36)	12	33%	1	100%	6	38%	5	28%
Pharmacist (16)	5	31%	*	*	1	25%	4	33%
Midlevel (47)	19	40%	9	75%	6	33%	4	25%
Registered Nurse (39)	13	33%	1	50%	6	40%	6	29%
Dentist (16)	6	38%	*	*	4	57%	2	25%
Dental Hygienist (12)	4	33%	*	*	2	40%	2	29%
Psychiatrist (12)	3	25%	*	*	0	0%	3	30%
Clinical Psychologist (13)	5	38%	*	*	1	33%	4	44%
LCSW (31)	13	42%	2	100%	6	40%	5	38%
Masters Level Therapist (41)	16	39%	3	60%	8	40%	5	33%

^{*} Percentages are based on the number of facilities that hired a particular provider, not the total number of like facilities.

Targeted Any Alaskan by Region	and Provider	Гуре												
	All regi	ons*	Southe	ast*	Southc	entral*	South	nwest*	North	ern*	Interior	*	Aleut	ian*
	n=76	%	n=19	%	n=35	%	n=4	%	n=4	%	n=11	%	n=3	%
Physician (36)	12	33%	2	29%	7	41%	0	0%	1	33%	2	40%	0	0%
Pharmacist (16)	5	31%	1	25%	1	17%	1	50%	1	33%	0	100%	*	*
Midlevel (47)	19	40%	5	56%	9	45%	0	0%	1	25%	3	38%	1	50%
Registered Nurse (39)	13	33%	3	43%	7	35%	0	0%	1	25%	2	40%	*	*
Dentist (16)	6	38%	1	33%	2	40%	0	0%	1	33%	2	100%	*	*
Dental Hygienist (12)	4	33%	0	0%	2	40%	0	0%	1	50%	1	100%	*	*
Psychiatrist (12)	3	25%	0	0%	1	20%	0	0%	1	50%	1	100%	*	*
Clinical Psychologist (13)	5	38%	2	50%	1	33%	0	0%	1	50%	1	100%	*	*
LCSW (31)	13	42%	3	43%	6	40%	0	0%	1	33%	3	75%	0	0%
Masters Level Therapist (41)	16	39%	3	30%	7	41%	1	33%	1	50%	3	50%	1	50%

^{*} Percentages are based on the number of facilities that hired a particular provider, not the total number of like facilities.

Programs that Target Growing Future Health Professionals

Participation in Programs t	hat Tar	get Gro	wing Fu	ıture Hea	lth Prof	ession	als by C	Organizat	ion Ty _l	ре				
	All facil	ities	Non-trib	al Hospital	Region	al THO	Indepe	ndent	CHC		Private	e Clinic	Mental	Health
	n=76	%	n=10	%	n=13	%	n=16	%	n=10	%	n=8	%	n=19	%
Job shadowing for college/medical students	51	67%	8	80%	8	62%	9	56%	7	70%	7	88%	12	63%
Job shadowing for high school students	35	46%	6	60%	8	62%	6	38%	5	50%	5	63%	5	26%
Take medical residents	25	33%	5	50%	8	62%	4	25%	3	30%	4	50%	1	5%
In-house scholarship programs	17	22%	4	40%	3	23%	7	44%	1	10%	1	13%	4	21%

Participation in Programs Organization Size	s that	Target	Grow	ing Futu	re Hea	ilth Pro	ofessio	nals by
	All facil	ities	Under 1	0	10 - 49		50 and	over
	n=76	%	n=18	%	n=33	%	n=25	%
Job shadowing for college/medical students	51	67%	10	56%	23	70%	18	72%
Job shadowing for high school students	35	46%	6	33%	15	45%	14	56%
Take medical residents	25	33%	1	6%	12	36%	12	48%
In-house scholarship programs	17	22%	3	17%	6	18%	8	32%

Participation in Programs t	hat Tai	get Gro	wing F	uture Hea	Ith Prof	fession	als by I	Region						
	All regi	ons*	Southea	ast*	Southc	entral*	South	west*	Northe	ern*	Interior	*	Aleutia	n*
	n=76	%	n=19	%	n=35	%	n=4	%	n=4	%	n=11	%	n=3	%
Job shadowing for college/medical students	51	67%	13	68%	23	66%	2	50%	3	75%	9	82%	1	33%
Job shadowing for high school students	35	46%	6	32%	16	46%	1	25%	4	100%	7	64%	1	33%
Take medical residents	25	33%	5	26%	12	34%	1	25%	3	75%	3	27%	1	33%
In-house scholarship programs	17	22%	6	32%	7	20%	2	50%	2	50%	0	0%	0	0%

Make Recruitment Efforts More Effective

Making Recruitment More Effective: by C	rganization Ty	ре												
	All fac	ilities	Non-trib Hospita		Regior THO	nal	Indepe THO	ndent	CHC		Priva Clinic		Mental Health	
	n=76	%	n=10	%	n=13	%	n=16	%	n=10	%	n=8	%	n=19	%
Need easier way to identify candidates	11	14%	0	0%	2	15%	3	19%	3	30%	0	0%	3	16%
Need more candidates	9	12%	0	0%	1	8%	3	19%	2	20%	1	13%	2	11%
Better way to market facility/community	6	8%	1	10%	0	0%	1	6%	2	20%	1	13%	1	5%
More effective use of websites	6	8%	1	10%	0	0%	2	13%	2	20%	0	0%	1	5%
Be able to offer higher salaries	11	14%	1	10%	2	15%	1	6%	0	0%	2	25%	5	26%
Bigger recruiting budget	9	12%	2	20%	0	0%	3	19%	0	0%	1	13%	3	16%
Loan repayment/tuition reimbursement	4	5%	4	40%	0	0%	0	0%	0	0%	0	0%	0	0%
Need increased staffing	3	4%	1	10%	0	0%	0	0%	1	10%	1	13%	0	0%
Better facility/equipment	2	3%	0	0%	1	8%	1	6%	0	0%	0	0%	0	0%
Streamline internal recruiting efforts	5	7%	0	0%	1	8%	4	25%	0	0%	0	0%	0	0%
Faster turnaround	2	3%	0	0%	1	8%	1	6%	0	0%	0	0%	0	0%
Not possible to be more effective	6	8%	1	10%	1	8%	1	6%	1	10%	0	0%	2	11%
Other	6	8%	1	10%	2	15%	1	6%	0	0%	1	13%	1	5%
No answer	13	17%	1	10%	5	38%	3	19%	2	20%	1	13%	1	5%

Making Recruitment More Effective: by Organizati	on Size							
	All fac	ilities	Under	10	10 - 49)	50 and	d over
	n=76	%	n=18	%	n=33	%	n=25	%
Need easier way to identify candidates	11	14%	4	22%	5	15%	2	8%
Need more candidates	9	12%	2	11%	5	15%	2	8%
Need better way to market organization/community	6	8%	2	11%	2	6%	2	8%
More effective use of websites	6	8%	2	11%	3	9%	1	4%
Be able to offer higher salaries	11	14%	0	0%	6	18%	5	20%
Bigger recruiting budget	9	12%	3	17%	4	12%	2	8%
Loan repayment/tuition reimbursement	4	5%	0	0%	0	0%	4	16%
Need increased staffing	3	4%	0	0%	2	6%	1	4%
Better facility/equipment	2	3%	0	0%	1	3%	1	4%
Streamline internal recruiting efforts	5	7%	2	11%	2	6%	1	4%
Faster turnaround	2	3%	1	6%	0	0%	1	4%
Not possible to be more effective	6	8%	2	11%	2	6%	2	8%
Other	6	8%	1	6%	3	9%	2	8%
No answer	13	17%	5	28%	3	9%	5	20%

Making Recruitment More Effe	ective:	by Regi	on											
	All regio	ns*	Southea	ıst*	Southce	entral*	Southw	est*	Northe	rn*	Interior*		Aleutiar	1*
	n=76	%	n=19	%	n=35	%	n=4	%	n=4	%	n=11	%	n=3	%
Need easier way to identify candidates	11	14%	2	11%	7	20%	1	25%	1	25%	0	0%	0	0%
Need more candidates	9	12%	3	16%	2	6%	1	25%	0	0%	3	27%	0	0%
Need better way to market organization/community	6	8%	0	0%	5	14%	1	25%	0	0%	0	0%	0	0%
More effective use of websites	6	8%	2	11%	3	9%	1	25%	0	0%	0	0%	0	0%
Be able to offer higher salaries	11	14%	3	16%	6	17%	1	25%	0	0%	1	9%	0	0%
Bigger recruiting budget Loan repayment/tuition	9	12%	3	16%	4	11%	1	25%	0	0%	1	9%	0	0%
reimbursement	4	5%	1	5%	3	9%	0	0%	0	0%	0	0%	0	0%
Need increased staffing	3	4%	1	5%	1	3%	0	0%	0	0%	1	9%	0	0%
Better facility/equipment	2	3%	0	0%	1	3%	0	0%	1	25%	0	0%	0	0%
Streamline internal recruiting efforts	5	7%	1	5%	2	6%	0	0%	0	0%	0	0%	2	67%
Faster turnaround	2	3%	0	0%	0	0%	1	25%	1	25%	0	0%	0	0%
Not possible to be more effective	6	8%	2	11%	1	3%	0	0%	1	25%	2	18%	0	0%
Other	6	8%	2	11%	3	9%	0	0%	0	0%	0	0%	1	33%
No answer	13	17%	3	16%	3	9%	1	25%	1	25%	4	36%	1	33%

APPENDIX B: Open Answers

Q 6 Open Answers: Other Barriers to Recruitment

Emphasized/Restated Geographic Issues

- Lower 48 is not aware of short days and strong wind storms
- Geographic isolation but not harsh living conditions
- Being such a small community on an island is difficult. There is a total lack of anonymity.
- We feel we need to pay more for people coming to isolated areas like ours.
- Psychiatrists not interested in Alaska.
- It rains 110-120 inches a year; lack of road system.
- Individuals not familiar w/ State of AK. AK can be a scary place, they don't know what its about, so we spend a lot of marketing energy on selling AK, esp. when we are cold calling
- Don't have any family up here in AK.
- Getting qualified people is hard. Those w/ degrees can't wait long enough for a job to open up & end up moving to Anchorage.
- · Lack of community activities.
- Hard to get people to live in a place like this, with no road system. Also, you learn all kinds of challenging and unusual cases in your residency, and here you're not being challenged, seeing runny noses all day long. It's a hard thing to give up.
- Village travel is not appealing to some candidates. Organizational culture -- cultural barrier w/ employees. Difficulties working w/ Native populations. This might be a retention issue more than a recruitment issue.

High Cost of Living

- People can't afford to live here. Rate of pay is not competitive for cost of living.
- · High cost of living
- · Cost of living is very high in this community
- Cost of living is high
- We rely on travelers a lot; wish they would take permanent positions. Travelers can't afford to move b/c of high cost of housing.
- High priced and/or lack of groceries.

State Funding/Infrastructure Issues

- Uncertainty caused by state funding. Services are expected, but funding remains static or decreases.
- State legislature being unwilling to fund Mental Health. Transitions & uncertainties at the State Legislative level.
- Funding is so uncertain that people don't want to move. They want to stay where things are certain. We're the only show in town so if funding ends, they have to move again.
- Lack of midlevel certification program in AK. Lack of NP training in AK. Outdated clinic setting & outdated medical/computer equipment.

General Shortage Problems

- National shortage of people.
- Nobody out there!
- It is hard to find and pay for recruits. You have to go through a recruiter.
- Getting qualified people is hard. Those w/ degrees can't wait long enough for a job to open up & end up moving to Anchorage.
- · Homes (residential) employ couples and that is hard to recruit for
- Lack of other qualified medical staff in the clinic makes candidates hesitate to work here due to increased responsibilities. Also, seasonal difficulties in recruiting - it is harder to recruit in the winter months.
- In AK, mental health clinicians burn out b/c we're spread too thin.

Uncertainty about Future of Organization

- Future of facility unclear, whether or not it will remain open or close. Have been laying off staff.
- Lack of soundness for medical professionals b/c parent agency may go under.
- Funding is so uncertain that people don't want to move. They want to stay where things are certain. We're the only show in town so if funding ends, they have to move again.

Reemphasized Locum Availability

- There is not a good locum pool. We couldn't hire people in commission corp (salary too high). We didn't look at people who cost a lot to relocate.
- · Locums want more money
- Locums for when we need someone for flex fill-in for illness, continuing education travel, or vacations. There are no candidates for the episodic & the cost is a huge issue.

Reemphasized Internal Financial Issues

- NP's are paid \$10,000 under what the hospital pays. Don't have loan repayment w/ IHS anymore, and
 it has been a hindrance for behavioral health & NPs. Internal politics -- Local mandate to decrease
 programs.
- Didn't offer attractive package, salaries were too low & relocation costs too high.
- We feel we need to pay more for people coming to isolated areas like ours.
- No sign on bonuses
- It is hard to find and pay for recruits. You have to go through a recruiter.

Lack of internal capacity (other than financial) to recruit

- It is hard for non-clinical people to hire medical staff. We don't know if they are skilled or not. Trying to
 do a background check-had trouble with technical assistance. Need an office of credentialing or
 something. ANTHC slow to respond.
- Recruiting process problem w/ getting candidates that have a clean background. We need a
 background check before they come up 6 weeks to get an FBI check.

Other

- Lack of (local) hospital support in recruiting doctors that benefit both us & the hospital.
- · We have had no problems recruiting.
- Community lost confidence in our facility several years ago, and it took time to re-build.

Q7 and 10 Open answers: Other Recruitment Strategies Used

Job marketing Strategies

NWRPCA

- Northwest RPCA (\$2500 fee for physician they hire)
- Placed ads in NWPCA
- NWRPCA

<u>PCA</u>

- Also use PCA services. Our NP and LCSW came from the PCA.
- PCA website
- use PCA pool

NHSC

- NHSC
- · Other web posting NHSC site.
- PCA website
- Other web postings included: National Health Service Corp website.

Alaska Job Bank

- Job bank
- AK Job Bank

Newsletters

- · Alaska PA newsletter and Nursing Opportunities an out of state newsletter
- · Notified schools by newsletter.
- Professional association newsletters
- NASW newsletter

Direct Mailing

- E-mail is used extensively from ANTHC list
- We got a list of addresses for midlevels from the State of AK & did a direct mailing. That led to wordof-mouth among people.
- Mailings to nursing schools

<u>Websites</u>

- Websites: Monster.com, American Psychiatry Journal website, college job bank
- Prior director was using monster.com & some journal ads; current director is not
- Other web posting NHSC site
- PCA website
- Other web postings included: National Health Service Corp website. Center used Alaska Rural Health Recruitment Services and was listed on their website.
- Organizational website list jobs
- AK Community Mental Health Association website.
- Our own website all except physicians.

College recruiting

- · Community videos to grad schools social work dept.
- · Mailings to nursing schools
- Recruited on Anch. & Fbx campuses -- RN
- Notified schools by newsletter.
- Practicums and building one-on-one mentorship relationships. Look for pre-graduates that works well. Get to influence them early. I teach at local college & meet students through that.

Local media (radio, TV, postings)

- Advertise on the Native radio station & TV bulletin board
- We advertise on the community radio and fliers around town.
- Scanner channel.
- In the community newsletter
- Job posting on TV "roll around ad".

Assistance from larger (or other) organization

- Providence -- access to system, write copy and help with marketing; advisory council might be passing the word.
- Work with Valley Hospital -- MD/DO, ANP, Psychiatrist -- recruiter for Valley Hospital
- · Valley Hospital
- Collaborate w/ other THO recruiters
- Have a working relationship with the recruiter from local hospital. This agency needs more money to do recruiting. Having the relationship with Valley Hospital shares the interview cost in bringing people up for ANP and psychiatrist positions.

Community Resources

- · Community Council gets involved.
- Work with community services. We market to our community.
- Visitors Bureau
- Refer to local Chamber of Commerce website

Emphasize Networking/Word-of-Mouth

- Use a lot of word of mouth who you know who is good. Call other agencies across the state. Faxed out vacancy announcement.
- Rural Behavioral Health Association
- We called agencies that have laid off & put word out that we're looking.

Staff recruits for the organization

- Staff is recruiter for us.
- Good old boy network Doctors call around school they graduated. Doctors especially use their personal networks to try to recruit providers.
- (For physicians, PA, Dentist, Dental Hygienist, MLT) We use word of mouth: call other professionals we know and ask if they know anyone looking for a job.

Networking as opportunities arise

- Networking at conference.
- As directors travel outside, they market the position.
- Networking w/ other providers & networking at conference for all positions. Have gone to licensing agents at the State -- begged them for ideas for hiring LCSW. Contacted past employees & tried to fill that way for all positions.

Emphasize In-house promotion

- First, we interview people within. We emphasize in-house promotion, so we might not need as high of a skill set.
- We established our health aide positions solely as a pathway for local residents to become midlevels, as a bridge to becoming midlevels. The longest an "outside" midlevel can be retained is 2 years. If we can raise a local resident to become a midlevel, someone who wants to be here and plans to live here permanently, that would be much better. However, the program was not successful in this regard.
- Ongoing recruitment ads in professional journals to build applicant pool for future openings (MH).
 Some paraprofessional staff have "grown" to the point where they are going to college and may enter the professional positions noted above (MH).

Great Community Support

- Agency well-perceived in community. Agency works well w/ other agencies
- Fabulous community support. Board is behind you 100%.
- Everything all recruitment activities have been by volunteers. A lot of bartering & community donations.

Send Applicants Informational Packets

- Send local newspaper to applicants for job search
- Send pictures & lots of email correspondence & contact. Cultural activities. Up front about the realities of working here. We bring up on temp status -- physical health. They don't turn around & leave over false expectations.
- Send the applicant a "7-page wet blanket" about the reality of living in Alaska, specifically Southeast. Saves money by weeding people out.
- We make up our own recruitment packet, which includes welcome letter, info about the clinic, the mission of the organization, the job, benefits offered, and the community the local paper, chamber of commerce info, etc.
- We have a very extensive recruitment packet we send to candidates.

Respond Quickly to Inquiries

We have been looking at response time, and how we respond to inquiries. We now respond within the
first week, and quickly assess whether the person is a good candidate for us, and whether we are a
good candidate for that person.

Perks and Benefits

Retention/Longevity/Production bonuses

- Retention bonus [doctors, dentists, pharmacists, NP]
- · retention bonus
- Retention bonus (Phys, Pharm, NP & PA only). Relocate on an as-needed basis (all listed)
- Moving out as well is paid; production bonuses; anniversary bonus (every 5 years it increases); in kind medical -- if you get care there, no deductible.
- Every year, \$25K bonus for up to 4 yrs -- longevity bonus for physicians only
- Annual retention bonus. Isolated midlevel higher rural differential.
- Retention bonus 5% of salary, every 2 yrs, yearly for mental health staff

Vacation/Leave benefits

- Comp time good vacation when slower work load w/o having to use vacation time.
- Generous leave and holiday package
- Their flexible schedules are very good for them. Physicians especially are able to take a lot of time off due to their flexible schedule. Really emphasize.
- Take them fishing have cabin available at no cost
- Emphasize that every 2-3 months, providers have an opportunity to go to Anchorage for seminar, training, board meeting, with personal time attached to whatever is happening in Anchorage.
- I emphasize that I expect and encourage 1 CME course every year to be out-of-state and that it be piggy-backed with personal leave, so people can go home and visit their families, and their travel will be paid, essentially.

Housing Benefits

- Apartment above building -- paid in full.
- State housing loan program (RNs)
- Can't purchase home here, because it is a reservation; \$500 towards housing is provided.
- Lower housing costs in area compared to other areas of the state

Developed 40-unit housing for employees (such as those from the villages)

Moving Costs

- They have an "incentive loan" to help with moving costs. \$1500 first year, \$1500 second year, and \$2000 3rd year is forgiven if they stay 1 yr, 2 yrs, or 3 yrs.
- Moving out as well is paid; production bonuses; anniversary bonus (every 5 years it increases); in kind medical -- if you get care there, no deductible.

Educational benefits

- Encourage growth among staff
- The university is a good benefit; we emphasize it.

Family Medical Benefits

- Family medical
- Medical benefits for family; writes off billing that Blue Cross doesn't pay for family members (80/20 -- 20% written off).

Child care benefits

- Employee day care for a flat fee of \$50 a month
- On-site daycare
- Agency sponsored daycare

Other financial/ancillary bens

- Emphasize PFD
- · Company vehicle, cell phone & laptop
- Eligible for merit award (bonus) plus COLA
- Emphasize that we will pay for membership to professional association & will pay for licensing (NP or PA)
- Financial specialist availability
- Holiday bonus for call; Life insurance
- Retirement

Selling the Community

Emphasize Beauty of region/Rural Life

- Living in rural Alaska
- Beauty of community
- Lifestyle of a small town
- Fishing, hunting, open air & rural lifestyle. This is the place to be.
- Opportunities for hunting and fishing in world-renown area
- We emphasize the recreational aspect of the community
- Appeal to sense of adventure. Emphasize the cultural & subsistence lifestyle.
- Change & opportunity to live a few episodes of Northern Exposure,
- We talk about the cultural uniqueness of our community, since it is so different. We tell candidates that they will get a different experience practicing medicine here than anywhere else.
- Cultural immersion
- · Small town, can get involved in the community

Excellent Career opportunity

- If someone has a passion and wants to start a program, we will let them work to make it happen. Emphasize confidentiality and ethics
- Variety practice opportunities in the wilderness
- Sense of ownership & vested interest. You can make a difference here.

- Emphasize that they can actually make a difference here. They can get things done here where there isn't a bureaucracy.
- With patient volume, they have a good chance to advance & learn.
- Opportunity to work w/ traditional healing environment.
- Emphasize healthcare is as it used to be 50 years ago, where patient is the whole family.
- For midlevels especially -- they get to do things they can't do anywhere else. We are extremely multicultural. Even doctors can get ER experience if they want it. We promote this.
- Opportunities for staff to grow professionally.
- For LCSW/MLT We strongly emphasize our cultural activities for treatment, including spirit camp, educational net, & drumming. It is a unique selling point for us.

Emphasize Great Community for Families

- Great place to raise kids
- Emphasize very family-oriented community
- Safe, good place for kids
- Safety of kids in community
- · Churches, activities
- Good community for children
- · Small, safe communities.

Not Totally Isolated

- We do have resources, we can medevac out. We let them know that we are not completely & totally isolated like the Interior is.
- · Accessible to multiple communities on the road system

Selling the organization

Emphasize Staff Cohesion, Teamwork

- · Cohesiveness of staff
- · Emphasize teamwork of the health staff
- We refer applicants to past employees. Counseling staff work well together.

Emphasize self-care

- Wellness program, pass for gym/pool
- · Emphasize taking care of self
- Emphasize we have an exercise room & cafeteria
- Fitness center for staff & family (MH).

Emphasize patient care/services/high quality work

- We try to be as informal as possible and still do professional work. We have a relaxed atmosphere.
- Low # of inpatients, quality of care can be provided
- Patient care diversity
- Patient & family focused care.
- For LCSW/MLT We strongly emphasize our cultural activities for treatment, including spirit camp, educational net, & drumming. It is a unique selling point for us.

Family-centered organization

- · Child and dog friendly environment
- Discover spouse's interest

Onsite Visit Strategies

Meet and Greet

- Board of Directors
- Talk to staff

Wine, Dine, and go the extra mile

- Dinner with leaders in the health center, about 10-15 people. Also, introduce candidates to churches in the area.
- Big barbecue w/ clinic staff
- Wine & dine them
- The village will have a potlatch for the candidate
- For doctors, they will have a social.
- · Potluck with staff, where all staff fills out an impression sheet afterwards
- Have put on a reception to meet more people in the community
- If the RN generalist has never been here, we'll invite them. We also arrange for a social.
- The onsite interview is something we do well.
- Pay for rental car, flowers in hotel, wine & dine them. Look for opportunities to build relationship. Meet principals, clergy if they are religious.
- Lent them a cabin. We're really good at feeding people. Someone in the community lends them a car. People took her fishing.
- Take them to totem poles.
- Recreational activities may include impromptu boat ride or sled ride, but not a planned event.
- Take them to a satellite office and drive them around the island
- Take them for a drive to [nearby community].

On-site interview - other

- Encourage family to come for on-site interview, but don't pay for their travel
- If they take the job, they will reimburse the on-site visit trip. They have an investment in this. Not for all RNs, but case-by-case.
- Team candidates up with other people they might bond with.
- Set up a half-day meeting with a realtor, just so they can see the living areas in town.
- They do have in-person interviews, but not an on-site visit.

Making good hiring decisions

Locum to Hire

- Try to recruit their locums to full-time positions; that has worked well. Try to entice them that way.
- Locum agencies
- Take students that come through or locums
- Encourage them to do a locum, 1 month minimum, to try it out.
- We also use locum tenens that we transition into permanent hires.

Trial Period

- During on-site visit, we have them see a client and write up sample notes.
- We had them work for a day in the clinic while they were there
- We bring up on temp status -- physical health workers. They don't turn around & leave over false expectations.
- We have students come work for us, and eventually hire them.
- We offer on-the-job interviews after a two week job performance. This is a wage paid interview. The Health, Education and Welfare Committee has approval authority for credentialing, recredentialing & the Privilege granting process.

Screening Procedures

• Screen during the initial phase of the interview w/ team; 2nd interview for family

• Start by phone/ initial screening by phone

Interview Strategies

- Team interviews w/ staff & community members.
- Basic interview with 4-5 people on interview team
- Questions comprehensive

Other

- Follow accreditation. Requires limitations & expectations. Facility is up to code & accredited.
- Emphasize malpractice insurance, federal torte. This is huge. They want to get back to health care.
- On call rotation once every 6 weeks
- Every summer, we do a "summer missionary," volunteer @ clinic for 2-3 months. This is excellent for nurses. Though it is not limited to nurses, most participants have been nurses.
- We refer applicants to past employees. Counseling staff work well together. Opportunities for staff to grow professionally.
- Beg, borrow, steal
- I have been doing this for 13 years; I do whatever my 6th sense tells me.
- People send resumes to us, and we contact them.
- Magazine ads
- I-94 for getting Canadian nurses, paperwork is painless

Q11 Open Answers: Most Effective Recruitment Strategies

Journals

- Professional journals
- Journal ads
- Journals have been successful. (NPRPA)
- Ads journals.
- Print ads in journals
- Journal ads we use the "AAPA" to recruit midlevels, also "Mediphone" and "Alaska PA"

Websites

- NASW & job related links
- State of AK website.
- Websites State of AK website for people interested in AK. People have sent resumes from our own website.
- World wide web helps us a lot immediate response.
- · Website for state
- Division of Behavioral Health (website)
- Website Monster.com
- Last time -- 7 applicants web based job service focusing on social services.
- · Word of mouth, web advertising
- · Websites have produced the best results.
- APCA website
- Using NSHC (for all except mental health) has been very useful. For mental health, posting at University bulletin boards has been useful (all over the country)
- Web advertising has been effective -- Job website we subscribe to.
- Internet
- The internet
- Job Bank State of AK website -- and job posting for IHS have been useful.
- RNs we get off the internet. They see us. We are in the process of building our webpage.
- HRSA/HPSA loan repayment scholar website NP Alaska Primary Care Association
- Mid-level using website.
- More responses form State of AK website than other methods.
- The State of AK website -- that's where you look if you are interested in coming to AK.
- We try to link to as many related sites & other health care sites as possible.

Professional Association

- NASW & job related links
- NRPCA
- APCA website
- HRSA/HPSA loan repayment scholar website NP Alaska Primary Care Association
- APCA has been a big help.

Newspapers

- Newspapers
- Ads in paper (both in-state and out-of-state).
- Seattle and Anchorage newspapers.
- · Newspaper ads.
- · Nurses advertising in newspapers.
- Newspaper ads.
- Newspapers for non-physician providers
- Newspaper ads.
- Newspaper Ads

- Ads newspapers. This seems to be more effective than IHS, ANTHC resources
- Print ads in newspapers (except doctors, dentists)
- NP: Being aware of demographics I am targeting. It has been effective placing newspaper ads in appropriate places, such as Montana, where people are used to extreme weather and a rural lifestyle. Also have placed ads in WA, and occasionally OR newspapers

Word of Mouth

- Word of mouth and also having a good agency reputation.
- networking with colleges and internships
- Word of mouth
- Clinical Psychologist group word of mouth is the way they get hired.
- word of mouth
- Word of mouth: a locum tenen knew someone then she knew someone else.
- Word of mouth, people we know
- Word-of-mouth and networking are really key.
- Word of mouth -- if it is personal testimony.
- Nurses Word of mouth.
- Keeping name out on the web. Even if we know we were not going to recruit them, we contact them if they call or inquire via web.
- Word of mouth
- · Word of mouth is strongest.
- Just getting the word out, word of mouth. Network -- who our practitioners would know, especially for Dentist or Pharmacist positions that are hard to fill.
- Word of mouth post in the community. Staff or community will make recruitment recommendations. Doesn't take long. (For all positions)
- For NP/PA, the most effective strategy is networking through the people who work here, just knowing people.
- Word of mouth is key, tapping into who current employees know. Going after former employees (esp. behavioral health).
- Word of mouth for midlevels has been very effective.
- Word of mouth -- when a provider is already working for us, we'll get them to recruit people they know. Recently recruited an RN, who brought along people she knew looking for jobs.
- Word of mouth through other professionals -- for all providers
- RNs Word of mouth. When one leaves, it seems there is one right there ready to take her place. We've been very lucky that way.

Emphasizing Loan repayment

- Federal pay back on loans
- Using NSHC (for all except mental health) has been very useful.
- Loan repayment & scholarships attract people to this organization.

Onsite visit

- Rural people, familiar w/ AK, bring them to meet community, staff, program.
- Providing on-site interviews for any position.
- Also, one-on-one contact during the interview. We do onsite visit strategies very well.
- (Physicians, NP/PA, LCSW) When we fly them up and they meet us, 90% of the time, they fall in love with us. Sounds corny, but its true.
- Bringing them for a site visit, showing them around. Getting them introduced to the community, having them at Potlatches

Financial and benefits compensation

- Emphasizing benefits
- Therapist looking out of state & emphasizing difference in pay.

- Job fairs (out-of-state), assistance finding housing and paying for it
- High Salary (except nurses) & no managed care for all providers.
- Housing allowance up to \$500 per month.
- Subsidized housing & competitive wages all positions, especially medical staff.
- We have a very competitive wage. We're very competitive, even nationally. Sign on bonus also helps.

Leave benefits

- Offer providers 6 weeks of annual leave. Travel to workshops applicable to their department.
- We give good vacation and benefits are very good.

Emphasizing quality of (rural) life

- Emphasizing location, benefits, & work environment
- (Physicians, NP/PA, LCSW) Our recruitment packet is effective. They look at it, and it makes them want to come up.
- Emphasis on quality of life issues. Pretty when sun is out (Doc & RN)
- · Location near Denali National Park
- · Emphasize location
- Our community is on the road system & professionals live in neighboring communities. People want to move here. People want to move into the area.
- Emphasizing the spectacular community we live in.

Good work environment

- Good work environment
- Emphasizing work environment
- Our agency reputation & the stability of our funding. (Mental health workers)
- Well equipped facility friendly, professional, compassionate care.
- (Physicians, NP/PA, LCSW) When we fly them up and they meet us, 90% of the time, they fall in love with us. Sounds corny, but its true.

Job Fairs

- Job fairs (out-of-state) for nurses.
- Sent a pharmacist down to Lower 48 for a job fair, and it was very effective.

Good Follow-up with Candidates

- Follow up. So many hospital recruiters send out automatic or impersonal email replies or none at all. That's very bad.
- Even if we know we were not going to recruit them, we contact them if they call or inquire via web.

Recruiter

- Full time physician recruiter.
- Professional recruiters for Physicians & Psychiatrists.
- Physicians Agencies.

Temporary to full time

- Bring interns up & hire the ones they like -- physicians.
- First time -- hired intern (fortunate).
- We have students come work for us, and eventually hire them. We also use locum tenens that we transition into permanent hires.
- Taking students and locums midlevels
- Having them come for a 1 month locum period works well for physicians, NP &P
- Practicums and building one-on-one mentorship relationships.

ANTHC

- ANTHC is good. They weed out those who aren't seriously considering. E-mail directly to mid-level and/or clinician from ANTHC seeking list.
- Mid-level from ANMC list, emphasize location and using website.
- ANTHC professional recruiting program especially for physicians, pharmacists, & dentists
- Working with ANTHC/ANMC.

Emphasize need

- Emphasizing the community need & the challenges they will be exposed to.
- (For physicians, PA, Dentist, Dental Hygienist, MLT) We emphasize their potential to go far, and that they will be unfettered by bureaucracy. We try to "guilt" them into accepting.

Emphasize career potential

- Emphasizing the community need & the challenges they will be exposed to.
- (For physicians, PA, Dentist, Dental Hygienist, MLT) We emphasize their potential to go far, and that they will be unfettered by bureaucracy. We try to "guilt" them into accepting.

Well equipped facility

- Well equipped facility friendly, professional, compassionate care.
- We are in a new building w/ new accreditation. It's a 5 story building, and the most modern facility in Ketchikan. We are new & state of the art, that is why recruitment is so easy for us.

Other

- Resident program helps w/ physicians. Low turn-over in nursing staff -- rarely recruit.
- Educating the community about our organization has been effective (for all positions).
- Being very straightforward during recruitment.
- Collaboration with Valley Hospital has been effective.
- Meeting individual needs in the interview process. Tailoring to their needs. Trying to find a way to meet their needs.
- Our own staff are our own advocates, our own recruiting team. When we screen, we include as many staff as possible. We link candidates with people like them, if they are a young, outdoorsy type, we link them up with someone in our staff that is also young
- For physicians You have to ask for the AMA's list of people interested in working in AK.
- · Limited on call

Q 12 Open Answers: Least Effective Recruitment Strategies

Journals

- Some journal ads have not been helpful.
- Professional journals
- Advertisement in professional journal -- people who called were not a good enough fit.
- Journal Ads are not effective (tried NASW, PA Journals, Physician Journals)
- Journals are not productive & they are too expensive. They run the ad six months.
- Probably journal ads -- Locum finding companies call us when we place ads, but that's about it.
- The journals are high priced & we don't get results from them. Don't know if they're effective or not.
- Dentists & Pharmacists -- you can only advertise in a journal for so long before you break your budget,
 & often people aren't looking for a job when the ad is in. They are very hard to recruit.
- Journal ads for physical health.
- The journals are very expensive. They charge \$450 for a month and we get very few hits on them. Not worth the money (for dentists, pharmacists, RNs).
- · Advertising in professional journals for ANP and psychiatrists

Websites

- Internet
- Trying to use the State of AK webpage
- State website
- The internet hasn't worked for RNs
- Website where they let you list all positions for \$300 a year nothing came of it.
- Online recruiting Comphelp
- State of AK website RN & midlevels
- State of AK website for RNs & midlevels. Only pharmacy tech & lab tech hired by this method
- We've used websites before, but don't know if it was effective, because people are hired so quickly by word of mouth.
- Web-based for behavioral health.
- Internet recruitment -- don't know what type (HR). Nursing website gets hits, but no interest (HR). Market conditions continuously change & no one strategy seems to work better than others in changing conditions. Very expensive & time delayed advertising are not good.
- Previously used advertising chain (internet clearinghouse). We got a lot of possible candidates but they were not necessarily interested in working in our community. Also it was unclear what the candidates' backgrounds were.

3. Newspaper

- Newspaper
- Very little response w/ general newspaper ads.
- Advertising in the newspaper
- Local newspapers
- Newspaper advertising in Lower 48
- Newspapers Fairbanks and Anchorage
- Listing in newspaper
- The Anchorage Daily News for psychiatrists
- We've tried newspaper ads -- Anchorage Daily News.
- Newspaper ads (Anchorage, FBX, Juneau)
- · Newspaper. Journals seem to be taking that over.
- · Newspaper ads for physicians.
- Advertising in the newspaper. For the amount of money you spend on ads in the paper, the return on
 investment is dismal.
- Newspapers are not productive & they are too expensive.
- Newspaper advertising is minimal. Even ADN, that's not where they're looking.

- Newspaper
- Dentists & Pharmacists -- newspaper
- (For physicians, PA, Dentist, Dental Hygienist, MLT) Running advertisements in newspapers, even the Anchorage Daily News has been ineffective.
- Anchorage Daily News
- In state newspaper ads don't get too much info.
- Newspaper ads
- Newspaper for physical health.
- Never put an ad in the medical section of the NY Times! It is a waste of money and time. We got lots
 of inquiries, even people who didn't speak English, but they were not appropriate inquiries.
 Indiscriminate ads are not useful to us.
- For LCSW/MLT -- Newspaper ads. We put ads in but get no responses.

Recruiting "outside"

- Hard to hire from the Lower 48
- Recruiting from out-of-state. Wonder why people look elsewhere. The learning curve, Native issues, & weather can be too much. We have enough people up here that have been trained through UAA.
- Tried to recruit outside or from Anchorage RNs, LCSW. Recruiting in Anchorage least effective.

Onsite visits

- For physicians, onsite visit was just an expense paid trip to Alaska.
- On-site interview in and of itself will not convince people to come out here, if they are sitting the fence. We have to be pretty sure they will work out before doing it.

Emphasizing location

- Location it works as a plus and as a minus
- It only goes so far to say that this is a beautiful place to live. They come up & realize there's nothing to do here. There is no Wal-Mart or Target and it affects recruitment.

Professional recruiting firms

- The recruitment firms: they sent us candidates that weren't prepared to live in our community. They had grand ideas of what it is like. (NPRPA)
- Professional recruiters are totally useless.
- Permanent recruiters Physician & nurses
- Recruiters aren't very helpful.
- Using head hunters does not work. They are expensive, and the people they send aren't qualified.

Local recruitment

- TV bulletin board
- Just posting in community is not enough. It makes a difference in getting awareness out, but doesn't provide candidates.

Emphasizing Financial/Benefit incentive

- Benefits are not as much of a deal. Cost of living is the number one issue.
- Offering big packages often attracts people that are not coming to meet community needs. They come for their financial needs.

10. Recruiting is not a problem

- We've never had a problem.
- Everything I've done since I worked here has been effective.

11. Other

- Telling them what they want to hear.
- ANTHC's recruiting process has not worked well for us.

- Having the requirement for Native hire sometimes we don't get the quality. Native people that have professional licenses are few & far between.
- Collaboration has not been helpful

Q13 Open Answer: Do you partner with other organizations

Yes

- Petersburg passes on qualified resumes informal relationship
- Providence system
- Behavioral Health Services of Mat-Su, Valley Hospital, Nugent's Ranch, Mat-Su Services
- · Worked with APCA and Providence
- We have a network among other faith-based organizations. Christian Community Fellowship membership organization for faith-based organizations is successful.
- Providence Alaska Human Resources
- Southcentral Foundation
- I'll call other rural hospitals & ask if they know anyone.
- Valley Hospital
- Are in the process with Mt. Sanford
- We give courtesy calls to Southcentral Foundation & ANTHC
- Network within PeaceHealth System
- When we have new grads apply and we can't take them, we'll call others that might take them.
- Work w/ other AK medical organizations by word of mouth. Director calls other HR directors he knows personally.
- Informally, yes. If I get a cold call from an applicant when I'm not hiring, I will let clinics similar to us, such as McGrath, Ft. Yukon, Galena know about it, and pass the calls on to them.
- Valley Hospital and just started partnering with the Alaska Primary Care Association
- Yes

No

- No
- No to date.
- Not formally, but member of the Board of Directors works at SEARHC and may pass things along to us.
- not really
- Not to any great extent
- We're talking w/ other agencies about subcontracting HR duties. A couple of them coming together & cafeteria plan. Payroll, one set of personnel policies. We can't afford an HR person.
- No, but it will happen in the future. Currently working with hospital and another agency.
- Some associations send emails out to memberships
- We're competing for staff. SEARHC is hiring for staff. It is difficult to be friends with those you're competing with.
- APCA
- Jean Findley with the SEARCH program helps me out a lot. She mentions us when she goes to job fairs.
- No but considered w/ local hospital
- TCC is our regional health corp. -- ask them if they have a pool. Do the UW Medex prgm -- PA students do their rural rotation 1 month.
- APCA, also, we are on the CHC listserve, so we can talk to other CHC. If anyone else needs someone, I'll forward on resumes we have.
- No, conflict of interest if you're both looking.
- No. we've talked about it, but never moved forward on it.
- We work w/ Bartlett -- usually receive info through head hunters by fax or email, but have not used these firms because of high fees.
- Jean Findley
- Jean Findley main person

- Yes and no. We haven't received responses for mid-levels when advertising through APCA. Have not received support from CHAP Office when recruiting CHAs; they don't even answer their e-mail. Recruiting part is not good.
- ANTHC has assisted Metlakatla
- ANTHC
- ANTHC
- APCA, ANTHC (IHS, HRSA post positions on site)
- Just ANTHC. But I use my own personal/professional contacts.
- APCA, ANTHC
- ANTHC, commission corp.
- We work w/ our village council, but not collaborating per se.
- ANMC Viola sends us lists of potentials (very helpful). Worked w/ the hospital informally. They've referred one person to behavioral health.
- No. ANTHC may develop something in the future.
- ANTHC (VHP)
- ANTHC; Fairbanks Mental Health, Tanana Valley, Fairbanks Clinic and TCC started a recruitment group where there is collaboration.
- Work with ANTHC -- they send me an email when new candidates are available. If someone quits tomorrow, we can send these new candidates a letter.
- ANTHC, PHS
- Informally we have called YKHC, but that wasn't very effective. Even though we have an MOA through them, they may want to keep the leads to themselves.
- ANTHC

Note: Many facilities worked in partnership with organizations such as the APCA, ANTHC, NHSC, and the PCO, and commented on the merit of these relationships. However, this project defined "partner with other organization" as a collaborative effort with other facilities that provide health care.

Q17: What would you like to see happen as a result of this study?

Access to study data

- · Like to know what others are doing.
- Made available to look at data
- Have it up on a Website. Outreach to certain areas through presentation or education.
- We would like to see the bottom-line cost to recruit.
- See what other providers are doing
- An educational benefit as to what others are doing in the same setting.
- Compilation of the data to show where others are at & what they are doing.
- Get us a copy please.
- Other villages my size what are they doing? I have to rely on the list from ANTHC.
- I want to see what other people are doing to recruit. There's not a whole lot more we could do.
- Would be a benefit to see results.
- Would like to learn what works best and see the data divided by geographic location. Would like to make sure the information is disseminated.
- I'd would like to see a copy of findings
- Overview & survey results. This would be very helpful to assess recruitment in AK.
- Would like access to the info, but nothing beyond that.
- I'd like the data. How much is it running everyone else? I'd like it on a website. MGMA doesn't do it for rural.
- Would like to see data & what other facilities are doing and find out what the range of pay & benefits are for rural AK. Where do I go to figure out what it should be? Who am I being compared to?

Statewide clearinghouse of potential job-seekers

- Resurrect the clearinghouse.
- Centralized site of applicants. I'm not sure how.
- I would like to see a pool for potential locums or applicants. We're very lucky to be able to use ANTHC, but would like to see other lists generated.
- Would be great if ASHNA got access to this information & they maintained a website for all positions open within the state.
- Would like to see a constant flowing pool of available job seeking professionals
- A site set up where people could see a database showing people who are looking for work & those looking to hire. Want to see how we compare to rest of the state.
- Would like to see a statewide clearinghouse, so everyone has access to the same applicants. Tribal entities need a direct partnership with the State to look at the needs of the Tribal Health Organizations. They should play an advisory/advocacy role.
- A centralized location where job postings are placed at the discretion of the hiring organization with no assistance from outside entities besides typical website maintenance.
- We need someone to act as a clearinghouse (HR).
- A pool of candidates available on an as-needed basis w/ all credentials checked and verified -background and drug screening already checked and a flexible collaborative agreement in place for P.A.s.

Collaboration

- Increased collaboration with other agencies
- Better recruiting efforts, better strategies across the state, less costly ways of recruiting, shared recruiting
- Sharing of problems and results
- Partnering together to find qualified staff.
- Would be able to network w/ similar health care providers

- Develop a network of organizations. Offer a better understanding of what strategies are working. Develop a pool of providers w/ organizations without all the rules associated with Southcentral Foundation.
- A lot more networking & job sharing if possible. Would like to present our information to our assembly, to show the real costs on time & effect of recruiting and show that it isn't just a regional thing. This process has shown the real cost of recruitment.
- Sharing of ideas & information -- maybe someone has some good ideas. (Usually end up w/ word of mouth or recruiting agency)

Increased industry/government awareness of recruitment challenges

- An understanding at state level that it's tough to get good people and keep them.
- Filter to legislator and influential people to see how hard it is to get doctors and psychiatrists. To identify some of the problems in the health care industry so that the general public develops a better understanding of the present situation.
- A little more acknowledgement from grantors about special issues that rural communities have -- how we all need to grow our own.
- To prove to the state that our agency needs assistance with recruiting.
- For Mental Health The State, w/ all their cutbacks, needs to take a better look at the results of the cutbacks. Agencies are not able to recruit & retain proficient, qualified providers, as we are asked to do
- For the government and other agencies to realize how hard it is to recruit qualified providers to small communities and to offer more assistance.
- It will have documentation that recruitment costs are higher in different regions. It will help show that we are underpaying or overpaying our staff. It will address the question: are we being competitive?
- Just to show the importance of recruiting in the state.
- Like the Governor to see this report.
- Like for State to consider we provide a necessary service to rural areas. We handle crises. Will cost
 the State more to send people out for services. Provide us the funding to continue services to rural
 areas.

Increased Funding

- State monies have declined. Pay is not competitive with salaries in the Lower 48. When our state
 reports are completed the numbers are low because we are unable to attract qualified staff. It is a selfdefeating cycle
- Like for State to consider we provide a necessary service to rural areas. We handle crises. Will cost the State more to send people out for services. Provide us the funding to continue services to rural areas
- Some financial assistance re: advertising/recruitment expenses
- Medicare/Medicaid needs to adequately reflect the cost of staffing. Need to understand the real cost of doing business.

More in-state health training programs

- If this is Utopia there was a distance-based MSW program, but it took 7 years to complete. This was ridiculous. Would like to have education system adjust to meet the needs of the state. Would like to actually see a reasonable distance-delivered MSW program.
- Political pressure. State government should provide education opportunities to give us the number of qualified candidates needed.
- Just to show the importance of recruiting in the state. We need to increase training programs in the state. If you train them up here, they will stay. Lab and x-ray -- would like to see these up here (training). Work on residencies and internships here.

Loan repayment program eligibility

- Rural non-330 providers become eligible for federal loan repayment programs.
- Would like info on loan repayment program. For behavioral health, stability at the State level in funding & program design (find something & stick w/ it) b/c this instability leads to attrition.

Information on good recruiting practices

- Would like to see best practices and graphs depicting the data. Also, return on investment tool to highlight the best practices/tools.
- Analysis of the commonality of all organizations responding, and address the trouble spots through solutions by responders and their superiors. Everyone will some up w/ different solutions. A group comes to a consensus.
- Some more creative ideas
- Would like to learn what works best and see the data divided by geographic location. Would like to make sure the information is disseminated.
- For us to consider using successful strategies of other Alaskan Health Care Agencies
- Sharing of ideas & information -- maybe someone has some good ideas. (Usually end up w/ word of mouth or recruiting agency)

Recruitment Assistance (non-financial)

- · Recruiting assistance by APCA would be good
- Position-based recruiting assistance from ANTHC
- To prove to the state that our agency needs assistance with recruiting. To have our agency set up a service code to track recruitment costs on time sheets and in the budget. Can see it would may be useful to have a service code dedicated to recruitment/in

Want salary data

- Would like to see data & what other facilities are doing and find out what the range of pay & benefits
 are for rural AK. Where do I go to figure out what it should be? Who am I being compared to?
- Would like to know medium & high salary by types, especially for rural. It would help us be consistent with our salaries.
- I am interested in salary data.
- Reaffirmation that salaries are no longer competitive w/ out-of-state when combined with cost of living and isolation

Shift emphasis to retention issues

- For people to realize that the problem is retention, not recruitment.
- If people could get information on the cost of retaining qualified people. Our expenses for labor went up 16% and a large part of it was recruitment related costs), but Medicare is underpaying. State has no money either so we are caught in the middle.

Other

- Tourism advertising similar job recruiting advertising for health/mental health providers. Use the tourism model as a template to advertise for health/mental health providers.
- Help other rural communities by using the residency program. Nursery for grow your own doctors these doctors want to practice in rural areas.
- Improvement in locum availability
- Develop an office of credentialing to help determine if a provider is skilled or not.
- We must look at critical vacancies. Resources should go to the place that most needs the key people.
 We feel like we are competing with other organizations, and that is terrible. We should be increasing the number of nurses (or whatever) statewide, period.
- Would like to make sure there is continued support for ANTHC's recruitment program, to be able to do
 recruiting for these rural areas. ANTHC is my starting place. I can make one call and I have a resource
 list of inquiries. The NHSC has been useful.
- Videos for info on communities.
- To have our agency set up a service code to track recruitment costs on time sheets and in the budget.
 May be useful to have a service code dedicated to recruitment.

Q 18 Open Answer: Interest in Collaboration

Yes

- Yes. Have talked to another organization about cost sharing, but it hasn't happened.
- More in competition Yes, would like to collaborate
- Yes, now there are more and more agencies working together.
- Sure. Always interested in anything to get someone out here.
- I'm interested. We've come up with no ideas. Possibility of nurse registry.
- Yes, very interested. For Mental Health Possibly.
- Yes, especially small rural places. We are very similar to other places. If we could send each other our leftovers, it would be good. If I know someone has an opening, and we don't, I will send people their way.
- Definitely. Share resources with other organizations including sharing providers. Providers feel trapped. If they go outside, it can give them a break.
- I would be interested to know what works and what doesn't. I also think that collaborating is a cost effective measure, especially when you really look at the money that is spent for recruiting.
- Yes. We get a weekly midlevel candidate file from ANTHC. That has been helpful. It is sent out via e-mail.
- Yes, already collaborate with Valley Hospital
- Yes, as far as recruiting, but not with practice.
- Yes, if the tasks are assigned logically to those who have time & talent. I'm willing to help, but I'm not able to be a leader.
- Yes. We need help doing background checks.
- Absolutely, if there was a way to spread out this pain. I call it pain, because it is painful to recruit for a
 midlevel. Locums are expensive and don't work well w/ the community.
- Yes, I haven't had the requirement to do it and would like to learn from others if the time comes that I
 will need to recruit more.
- (For mental health) Absolutely. Facilitate providers moving around in Alaska but not leaving Alaska.

Maybe.

- Willing to talk about it
- My board will be hesitant on local level to collaborate. Collaborate is a dirty word right now because of
 politics (we might be absorbed). There is mistrust right now. However, on a statewide level, it would be
 good.
- Possibly
- Yes, but with limitations. Of course all want the best people to work for ourselves but we need to make sure people are covered.
- In spirit yes, but in practice we don't want to compete with others (small rural providers)
- Maybe
- Maybe in the future
- Alaska is a very competitive market. I would have to see the work plan.
- It would be good, but we don't want our applicants to get taken by others.
- Yes, if we can get past pirating from each other.
- It would depend.
- For Mental Health Possibly.

No

- Psychiatrist comes up every other month. Too much distance with closest community. Geographically distinct area, so not much advantage.
- No small hospital network for state. 11-12 members through ASHPIN. Look at education, insurance, & recruitment issues.
- No. Sharing ideas would be okay.

- Probably not, as competition is an issue. Afraid if we are sharing providers, we will lose out to bigger organizations.
- I would like to re-emphasize that when there is a global pool, rural Alaska loses.

Already doing it

- We are having discussions w/ 2 other agencies in the community. Private, non-profit subcontractor. 8-9 recruiting functions they might do.
- I would be interested, and to a degree, it is happening. For a facility our size, we need informal networking.
- Yes. We get a weekly midlevel candidate file from ANTHC. That has been helpful. It is sent out via e-mail.
- Yes, already collaborate with Valley Hospital
- Yes, there is currently an effort underway to connect tribal health organization recruiters, but we share common problems with non-tribal entities as well.

Other

 What would really be effective is collaboration for locums. We used to have that under the old IHS system, and I miss that. **APPENDIX C: Bibliography**

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APPENDIX D: Survey Instrument



Recruitment Strategies and Costs for Several Provider Types: Alaska Rural Clinics and Hospitals

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This survey is sponsored by the State of Alaska Division of Public Health, Section of Community Health & EMS, Primary Care and Rural Health Unit.

No specific names or organizations will be mentioned in the summary report.

I. Organizat	tiona	al Info	rmat	tion									
Organization Type		Communi	ity Health	n Center		☐ Stat Depart		cal Health		☐ Mental/Behavioral Health or Substance Abuse Facility			
(check all that apply)		Non-triba				☐ Priv	Private Rural Health Clinic Tribal Health O					Organizat	tion
		Tribal He	alth Sub	regional	clinic	Other (please sp	pecify)					
Where are you l	ocate					•							
Tell us about yo	ur	Total N	umber of	staff inc	luding su	pport staf	f:						
3		Number	of HR/R	Lecruiting	Staff:								
When was the en	nd of	your la	st fisca	l year?			I				(examp	le: 12/3	31/03)
5	Physician (MD/DO)	Pharmacist	₽.	Certified Nurse Midwife	PA	RN (generalist)	RN (specialist)	Dentist	Dental Hygienist	Psychiatrist	Clinical Psychologist	LCSW	Masters level Therapist/Cou nselor
a) Which of the following provider types do you employ? (check all that apply)		٠	٥		٥	٥	۵						
b) Which of the following provider types did recruit for in your last fiscal year (check all that apply)		٥	٥	٥	۵	٥							
c) <u>How many</u> of the following providers did you <u>hire</u> in your last fiscal year?													
d) For how many days was the position vacant?													
e) How many days from 'date of hire' to 'actual start date'?													
f) Total compensation for new hires (salary)													

What are your barrier	-	es												
	s Co	st			n't offe					Can't a			e job	
6 to recruiting		salary/benefits package Can't afford the cost of relocating						arketing	campa	ign				
providers? (check all that	•			provid		rd the co	ost of re	elocatin	g					
apply)	Co	mmur	nity	1	eograph	ic isolat	tion/har	rsh livin	g \Box	Lack o	f urban	ameniti	ies	
		ated	,	condi	tions									
Which ONE	fac	tors		☐ La	ck of co	mmunit	ty welco	ome	av	l Spousa ⁄ailabilit	.y		/job	
is YOUR				□ Ed childr	ducation en	al oppo	rtunitie	es for		Housin	ng avail	ability		
biggest	Jol)			ensity/h			•		Call re				
barrier?	rec	uiren	ient	□ La	ck of lo	cum ava	ailabilit	y		Lack of offession			for	
(Circle or write it below)	Ap po	plican ol	it	☐ Lo	cating q	ualified	l candid	lates						
	ba	her rriers: ase speci <u>f</u>												
Which of the following Check all that apply by provider Job Marketing	All listed occupations	Physician (MD/DO)	Pharmacist O You	use?	Certified Nurse Midwife	n prov	RN (generalist)	RN (specialist)	Dentist name 1	Dental Hygienist	Psychiatrist Specification (1997)	Clinical Sychologist O	? NSOT	Masters level Therpst/Counsir
Strategies a) professional recruiting firms														
b) ANTHC professional														
recruiting program														
c) word of mouth/networking														
d) job fairs (in-state or out-of-state)														
e) journal ads														
f) newspaper ads (in-state or out-of-state)														
g) State of Alaska website														
h) other web postings														
i) direct mail														
,			_											
j) participate in a visa waiver program					–	_		<u> </u>		_			_	
i) direct mail j) participate in a visa waiver program k) community involvement in recruiting l) other job marketing strategies														

II. Recruitment Strategies Continued Which of the following strategies do you use? Which providers do you use these strategies for? Masters level Therpst/Coun All listed occupations Clinical Psychologist Cert. Nurse Midwife RN (generalist) **Psychiatrist** RN (specialist) **Pharmacist** Physician (MD/DO) Dental Hygienist Check all that apply by provider Dentist **LCSW** ₽ A **Financial Incentives** m) emphasize competitive wages n) sign-on bonuses o) in-house loan repayment program p) emphasize eligibility for state/federal loan repayment program (specify: q) emphasize medical benefits r) emphasize retirement benefits s) financial assistance with housing t) financial assistance with relocation costs u) other financial incentives (please describe) Certified Nurse Midwife Masters level Therpst/Coun All listed occupations Clinical Psychologist RN (generalist) RN (specialist) **Psychiatrist Pharmacist** Physician (MD/DO) Dental Hygienist Check all that apply by provider Dentist **LCSW** ౼ **Practice Benefits** v) emphasize locum relief w) emphasize limited on-call x) emphasize creative scheduling y) emphasize availability of specialists for referral z) emphasize ample time off/vacation perks aa) emphasize telehealth equipment availablity bb) emphasize well-equipped facility cc) emphasize continuing education benefits dd) emphasize mentorship/ orientation period if hired ee) emphasize positive working environment ff) emphasize mission of the organization gg) other practice benefits (please describe)

Which of the following strategies do you use? Which providers do you use these strategies for? Masters level Therapist/Coun Certified Nurse Midwife (generalist) RN (specialist) Clinical Psychologist All listed occupations Check all that apply by provider **Psychiatrist Pharmacist** Physician (MD/DO) Dental Hygienist Dentist **LCSW Family Related** Z 물 Ϋ́ **Strategies** hh) job search assistance for spouse ii) emphasize educational opportunities for children jj) other family-related benefits (please describe) Certified Nurse Midwife Masters level Therapist/Coun RN (generalist) RN (specialist) Clinical Psychologist All listed occupations **Psychiatrist** Check all that apply by provider **Pharmacist** Physician (MD/DO) Dental Hygienist Dentist **LCSW Community Related** A P ΡA **Strategies** kk) assistance finding housing 11) emphasize good community mm) emphasize outdoor activities/rural lifestyle nn) emphasize community need for this position/their potential to contribute oo) Other community-based benefits: (please describe) Masters level Therapist/Coun Certified Nurse Midwife RN (generalist) RN (specialist) Clinical Psychologist All listed occupations Check all that apply by provider **Psychiatrist Pharmacist** Physician (MD/DO) Dental Hygienist Dentist **LCSW** Strategies during the Ŧ A **Interview** pp) onsite visit qq) make flight and accommodation arrangements for on-site interview rr) invite family to on-site interview ss) arrange tour of the community tt) arrange recreational activities during the site visit uu) introductions/spend time with other staff vv) introductions to community leaders/members ww) other strategies during the interview process (please describe)

II. Recruitment Strategies Continued

II. Recruitment S	trate	egies	Conti	nued										
8 Do you target any of the	e follo	wing	type o	of cano	didate	s?								
Check all that apply by provider Target Demographic	All listed occupations	Physician (MD/DO)	Pharmacist	GN	Certified Nurse Midwife	РА	RN (generalist)	RN (specialist)	Dentist	Dental Hygienist	Psychiatrist	Clinical Psychologist	LCSW	Masters -Level therapist/counselor
a) people from rural														
backgrounds b) people from rural Alaska														
c) people from Alaska														
d) new graduates														
e) more experienced providers														
a) job shadowing, internship, o	r other	trainir	ng prog	rams fo	or <u>coll</u> e	ege or	medical		Yes		No		Not App	olicable
<u>students</u>														
b) job shadowing, internship, or o	ther tra	ining pr	rograms	for <u>hig</u>	h schoo	1 studer	<u>nts</u>							
c) take medical residents														
d) in-house scholarship programs e) Other educational or "grow our				/ 1	1 .1									
What other recruitments Which strategies have y (please be specific about	you fo	ound to	o be m			e for r	ecruit	ing pr	ovider	rs into	your	orgar	nizatio	n?
Which strategies have y (please be specific about				east ef	fective	e for r	ecruiti	ing pr	ovider	s into	your	organ	izatior	1?
13 Do you partner with ot	ther or	rganiz	ations	to re	cruit p	orovid	ers? (¡	olease	specif	Y)				

III. Recruitment	Cost	S					1		1					
Cost of Attracting Applicants	Total cost for all org. employees	Physician (MD/DO)	Pharmacist	d.	Certif. Nurse midwife	PA	RN (generalist)	RN (specialist)	Dentist	Dental Hygienist	Psychiatrist	Clinical Psychologist	LCSW	Masters -Level therpst/counsir
a) recruiting firms/agency fees														
b) advertising														
e) website management														
l) membership organization														
e) recruitment related staff travel														
Cost of Interviewing and Hiring Applicants	Physician (MD/DO)		Pharmacist	d N	Certif. Nurse midwife	PA	RN (generalist)	RN (specialist)	Dentist	Dental Hygienist	Psychiatrist	Clinical Psychologist	LCSW	Masters -Level
staff time: reviewing applications, interviewing candidates, internal meetings, make hiring decisions	\$													
g) staff time: post-employment information gathering and dissemination (payroll, benefits, policies, employee records, etc.)	\$													
n) travel/accommodations for on-site interview	\$													
) moving expenses, including travel	\$													
Other Turnover Costs	Physician (MD/DO)		Pharmacist	ďN	Certif. Nurse midwife	РА	RN (generalist)	RN (specialist)	Dentist	Dental Hygienist	Psychiatrist	Clinical Psychologist	rcsw	Masters -Level
) Cost of locums used before hire and during training period	\$													
x) training and orientation costs	\$													
) other costs (please describe)	\$													

III. Re	ecruit	ment	Costs	Continu	ıed								
a) What was your total cost for recruitment-related staff for the last fiscal year? [5] (include salary and benefits)											\$		
b) Please estimate the percent of a) (above) dedicated to each provider type. (Percents add to 100% if you recruit more providers than listed below.)										its do n	ot need	to	
	Physician (MD/DO)	Pharmacist	Q.	Certif. Nurse midwife	РА	RN (generalist)	RN (specialist)	Dentist	Dental Hygienist	Psychiatrist	Clinical Psychologist	LCSW	Masters -Level therpst/counsir
% of yearly recruitment costs	%	%	%	%	%	%	%	%	%	%	%	%	%
TX7 T		. D	• 4		D.								

IV. Improving	Recruitment	Processes
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What would make your recruitment efforts more effective?

What would you like to see happen as a result of this study?

Are you interested in collaborating with other organizations to recruit providers?